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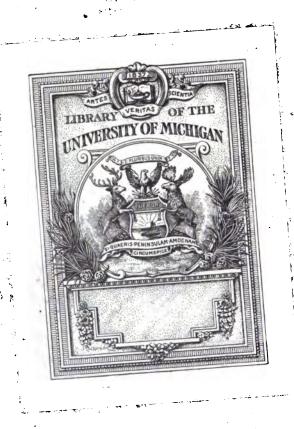
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PROCEEDINGS

OF THE

Thirty-Sixth Annual Session

OF THE

HOMEOPATHIC MEDICAL SOCIETY

OF THE

STATE OF OHIO,

Held at Sandusky, May 8th and 9th, 1900.

EDITED BY THE SECRETARY.

COLUMBUS: SPAHR & GLENN, PRINTERS, 1901.

To the Members of the Homeopathic Medical Society of Ohio:

We respectfully submit the Proceedings of the Thirty-sixth Annual Session of your Society, held at Sandusky, May 8th and 9th, 1900.

A. B. NELLES,

T. T. CHURCH,

C. E. SAWYER,

Committee on Publication.

April 20, 1901.

OFFICERS.

1899-1900.

PRESIDENT—C. E. SAWYER, M. D., Marion.

FIRST VICE PRESIDENT—F. W. MORLEY, M. D., Sandusky.

SECOND VICE PRES'T—LAURA C. BRICKLEY, M. D., Cincinnati.

SECRETARY—A. B. NELLES, M. D., Columbus.

ASSISTANT SECRETARY—G. E. WILDER, M. D., Sandusky.

TREASURER—T. T. CHURCH, M. D., Salem.

NECROLOGIST—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

H. E. BEEBE, M. D., Chairman, Sidney.

R. B. House, M. D., Springfield.

R. B. CARTER, M. D., Akron.

R. B. Johnson, M. D., Ravenna.

F. A. SMITH, M. D., Springfield.

G. H. QUAY, M. D., Cleveland.

1900-1901.

PRESIDENT—J. W. MEANS, M. D., Troy.
FIRST VICE-PRESIDENT—C. A. PAULY, M. D., Cincinnati.
SECOND VICE PRESIDENT—L. K. MAXWELL, M. D., Toledo.
SECRETARY—A. B. NELLES, M. D., Columbus.
ASSISTANT SECRETARY—C. E. SILBERNAGEL, M. D., Columbus.
TREASURER—T. T. CHURCH, M. D., Salem.
NECROLOGIST—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

C. R. COFFEEN, M. D., Chairman, Piqua. R. B. House, M. D., Springfield. W. B. CARPENTER, M. D., Columbus. J. A. Gann, M. D., Wooster. F. A. SMITH, M. D., Zanesville. J. P. HERSHBERGER, M. D., Lancaster. C. K. CONARD, M. D., Mt. Vernon.

EXECUTIVE COMMITTEE.

T. G. BARNHILL, M. D.

EMMA L. BOICE-HAYS, M. D.

M. M. CATLIN, M. D.

T. A. McCANN, M. D.

F. A. SMITH, M. D.

J. H. WILSON, M. D.

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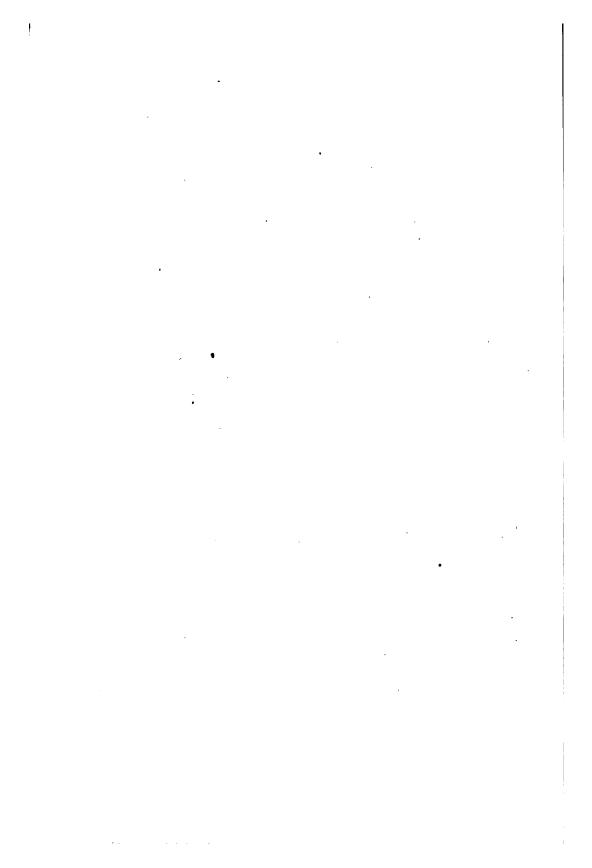
ERRATUM.

On page 18, Dr. D. H. Beckwith's name should appear, in the list of officers, as Necrologist.

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PROCEEDINGS

OF THE

Thirty-Sixth Annual Session.

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First Day—Morning Session.

SANDUSKY, TUESDAY, MAY 8, 1900.

HE Vice President, Dr. F. W. Morley, of Sandusky, called the Society to order at half past ten in the Assembly Hall of the Sloan House. Dr. Morley announced the unavoidable absence of the president, Dr. C. E. Sawyer of Marion, from whom a telegram had been received advising of the critical illness of his father and the consequent inability of Dr. Sawyer to take any partin the proceedings.

The Rev. Clement G. Martin of Sandusky invoked the Divine blessing upon the sessions of the Society. The acting President after announcing that Judge E. B. King, who was down on the program for an address of welcome, would not be present, asked the Rev. Mr. Martin to fill his place. Mr. Martin welcomed the Society to Sandusky and his address was responded to by Dr. J. D. Buck of Cincinnati. At the conclusion of these remarks the Secretary asked, that as the Transactions were in the hands of the members, the reading of the minutes be dispensed with and the printed report accepted; upon motion it was so ordered. The Secretary then read the following report:

REPORT OF THE SECRETARY.

To the Homeopathic Medical Society of Ohio:

I have to report at the last meeting of this Society, held at Springfield, an attendance of seventy five. At that meeting seventeen physicians were admitted to membership making the total number of members at the present time two hundred and thirty five.

Notices of this meeting have been sent to all the members of the Homeopathic profession throughout the state and to some forty journals and newspapers.

The expenses of the office have been for stationery, postage, telegrams and the printing and mailing of notices and programs, all of which amounts to \$36 25, and vouchers for which are in the hands of the Treasurer.

Respectfully submitted,

A. B. NELLES, Secretary.

\$423 30

Report accepted and referred.

The Chairman appointed Drs. Means and Hunt as Supervisors of Election.

REPORT OF THE TREASURER.

T. T. Church, Treasurer, in account with the Homeopathic Medical Society of T. Dr.	не Ѕт	ATE	ог Он	110.
To balance May 9, 1899 To cash received from fees and dues	\$ 30 292	14		
Cr.			\$322	14
By Dr. A. B. Nelles, as per bill	\$ 7	87		
By Messrs. Spahr & Glenn, as per bill		50		
By Dr. Frank Kraft, as per bill	-	20		
By the Ruggles-Gale Company, as per bill		50		
By Mr. J. McMillan, as per bill	•	00		
By The A. K. Tatem Label Co., as per bill		75		
By expressage, as per bills	24	88		
By twine	,	25		
By telegram		25		
By postage	4	00		
By revenue stamps		20		
Total expenses			\$118	40
Balance on hand May 8, 1900			\$203	74
The following unpaid bills have been presented	to me	for	payme	nt :
The Ruggles Gale Co., printing Transactions			\$278	50
Spahr & Glenn, printing			27	25
Dr. A. B. Nelles, postage			9	00
Dr. M. P. Hunt, balance of old account of Com-				
Legislation			22	•
Dr. M. P. Hunt, Committee on Legislation		• • •		50
Dr. Charles E. Walton, expenses	• • • • •		•	80
Dr. C. E. Sawyer, circulars and postage	• • • • •	• • •	· · · · · · · · · · · · · · · · · · ·	75
			•	

Our Society consists of 235 members, of whom-

- 11 are honorary members,
- 25 reside in other States,
 - 3 have paid one year in advance,
- I has a credit of one dollar,
- 115 have paid in full,
 - 3 owe a balance of three dollars,
- 60 have paid to 1899,
- I owes a balance of five dollars,
- 16 have paid to 1898.

One death has been reported to me, that of Dr. Wm. Gaylord, of this city, Sandusky.

Eighteen members have allowed their names to be dropped from the list because of the non-payment of dues.

Respectfully submitted,

T. T. CHURCH, Treasurer.

Drs. Walton, Jewitt and Zbinden were appointed an Auditing Committee to which the Treasurer's Report was referred. Later in the meeting in reporting for this Committee Dr. Walton said that the Auditing Committee would report that they have examined the accounts of the Treasurer and find them correct. In addition to this the Auditing Committee has thought proper to suggest some means of increasing our exchequer. It is very evident that we are enjoying a deficit and should take some means to pay our debts and also to provide for a small surplus. It is not just that a few men who are always ready to go down into their pockets to pay the deficit should be called upon every time. As a matter of equalization the Auditing Committee suggest that the dues be increased to three dollars. We believe it to be just as easy to pay three dollars as two, and this would equalize and distribute the debt and we would soon have a little surplus in our treasury. Further, that the Auditing Committee would suggest that this increase of dues apply from the passage of this resolution, and that those who have already paid their dues for this year pay the extra dollar. There have been only ten who have paid their dues thus far this year. We can not make you do it, but we suggest that this would be the easiest way to help the treasury out of its present embarrassment.

The motion to increase the dues from two dollars to three dollars, to go into effect at once, was seconded by Dr. C. E. House, put to vote and carried.

The Secretary then read the report of the Publication Committee as follows:

REPORT OF THE COMMITTEE ON PUBLICATION.

To the Homeopathic Medical Society of Ohio:

Your Committee on Publication has to report that the expense of publishing the Transactions for 1899 was \$279.35. The members of this Committee also wish to state that they have no apologies to offer for the fact that the Transactions have been in your hands but a few days. All inquiring minds are referred to the Treasurer for explanation.

Respectfully submitted,

A. B. Nelles,

T. T. Church,

R. B. CARTER.

In the absence of the President, Dr. C. E. Sawyer, his Annual Address was presented to the Society and read by Dr. J. D. Buck.

Drs. Biggar, Gillard and Gann were appointed a Committee upon the President's Address.

Dr. D. H. Beckwith presented the Necrologist's Report.

Opportunity being given for remarks upon the life and character of the departed brethren, Dr. Buck spoke feelingly of the three members specially named in the Necrological Report—Drs. Gaylord, Biggar and Morrell. He dwelt especially upon the life of Dr. Gaylord, which he sketched with a master hand from the time that Dr. Gaylord began the study of medicine amid difficulties that would ordinarily discourage and affright young men, down to the disasters which overtook him at the last, closing with his illness and death.

The Chairman spoke briefly along the same general vein as the preceding speaker, adding his personal testimony to the worth and character of Dr. Gaylord, and explaining the unjust trial at law to which he had been subjected.

Dr. Gillard, who had attended the doctor in his last illness, went into the fact and described the patience and resignation of the departed Dr. Gaylord.

At the conclusion of these personal tributes to the lives of the dead, the Board of Censors, declaring themselves in the minority, asked for the appointment of additional members, whereupon Drs. Van Norman and Lunger were added. Throughout the meeting this Board reported favorably upon the applications of the following persons, who were duly elected to membership:

MEMBERS ELECTED IN 1900.

H. D. BALDWIN, M. D.,	. Elyria.
A. E. ELLIOTT, M. D.,	. Lodi.
HARRY E. HUNT, M. D.,	. Kingston.
CHARLES L. IRELAND, M. D.,	Columbus.
F. P. LEHMAN, M. D.,	Sandusky.
J. S. MEAD, M. D.,	. Lorain.
CHARLES D. PAINTER, M. D.,	Alliance.
W. H. ROASBERRY, M. D.,	Olivesburgh.
C. A. Schimansky, M. D.,	Sandusky.
J. P. SIEGFRIED, M. D., Hahnemann Medical College of Chicago, 1888.	. Ashtabula.
HELEN M. K. SMITH, M. D.,	Delaware.

The usual routine work having at this time reached its close, the Section in Dermatology was called, but the roll-call of members disclosed the absence of all its members save that of Dr. C. E. House, of Canton, who thereupon presented a paper entitled "Chloasma." This paper was accepted and referred.

The Society, upon motion, took a recess until 1:30.

Afternoon Session.

The Society was called to order at 1:30.

Dr. J. D. Buck was appointed a Committee on Credentials, with power to add to his committee as the exigencies of the case might demand.

The Supervisors of Election, through their Chairman, Dr. Means, announced themselves ready for the names of members to be placed in nomination for the various offices of the Society, and gave notice that each such nomination must be accompanied, according to the By Laws, with the endorsement of seven members.

The Bureau of Neurology was then called. The papers presented by this Bureau were accepted and referred to the Publication Committee.

Dr. Carter, of Akron, in behalf of the Executive Committee, presented a resolution, that the President of this Society, at each annual meeting, appoint a committee of three who shall constitute an Educational Committee.

Dr. Horner raised the point of order that this was new business and could not be taken up at this point.

The Secretary questioned whether a recommendation from the Executive Committee was not in order at any time when it had reference to important matters.

On motion of Dr. Walton, the proposition was laid on the table. The Bureaus of Surgery and Pedology presented papers, which were accepted and referred for publication.

An invitation to visit the Soldiers' and Sailors' Home was read and filed, with the thanks of the Society.

The Bureau of Obstetrics was not ready to report, and upon motion, was referred to a later hour in the session.

An effort, made at this time, to adjourn until 8 P. M., was voted down.

The Bureau of Sanitary Science was called, but before the completion of its report the Society adjourned until 8 P. M.

Evening Session.

On reassembling at 8 P. M., Dr. Biggar, of the Committee on President's Address, reported, first, that the measures recommended by the President are most meritorious, and deserving the careful attention of the membership; especially in relation to a change in the appointment of Committees and the heads of the Bureaus. Second, that they would recommend taking proper action in devising proper means for enhancing membership in the Society, so that it would be an object for every homeopathic physician of the State to be a member of the Society, hence each present member should labor to his utmost to bring in other members. Third, that they heartily approved the suggestion made, namely, that it is the duty of this Society to subscribe as liberally as possible to the Monument Fund.

This report, which was oral, was concurred in by the Committee and ordered accepted.

Dr. Baxter asks in relation to a communication read this afternoon from the Soldiers' and Sailors' Home. Answered that the same had been read and accepted.

The Bureau of Sanitary Science was re opened and completed its report.

The Bureaus of Materia Medica and Ophthalmology and Otology also presented their papers, all of which were referred to the Publication Committee.

By special action of the Society the paper of Dr. C. A. Pauly on "Fissure and Irritable Ulcer of the Rectum and Treatment," was ordered published in its regular order in the Bureau of Surgery.

Dr. Carter announced that Dr. M. P. Hunt had a matter of importance for the consideration of the Society at this time.

Dr. Hunt said that although the Legislative Committee had been given no place on the program for a report, he desired, as chairman of that committee, to make a brief report. In regard to the legislative part, nothing was done in relation to the homeopathic department in the University, but in the passage of the Love bill there had been considerable work done. This bill had originated in the State Board of Registration and Examination. There had been a called meeting of the Legislative Committees of the different State societies of the

State in Columbus about the 20th of January. At that meeting, Dr. Dandridge, being President of the old school society, was elected chairman of the General Committee. This committee decided that this Love bill should be drawn up and the passage of it attempted. Some of your committee did not fully concur in all features of the bill. But it was really necessary that the bill should be attempted, and so the homeopathic members of that committee concurred. some few passages from that bill to-day, following Dr. Gann's paper. He did not think it necessary to go over it again. The bill is a good and safe one and did all schools of medicine equal justice. passage of this bill the General Committee incurred an expense of \$222.50. This amount it was decided by the General Committee should be paid pro rata according to the different representations upon the State Board of Medical Examination and Registration. school had three members, and the homeopaths two, the eclectics and physio meds one. The old school's pro rata was something in the neighborhood of \$95; the homeopaths about \$68.50, and the eclectic the balance. At the passage of the law in 1896 the homeopaths had only one representative upon the Board, and their pro rata of expense at that time was \$25, which was paid; and the eclectics paid \$60. The pro rata this time is a little over \$60, making up for the two bills, and costing us in the neighborhood of \$90. That doesn't include the payment of expenses of the members of the committee who were called to Columbus at different times. That expense is very light for us as we couldn't get many members of the committee there. Dr. Walton has a bill which I want to have paid. I don't know how we are going to reach this. The old school society meets in Columbus today. They will pay their pro rata through Dr. Dandridge, and I want to be authorized to do the same for the Homeopathic Society. I think the proper way to do this is to assess each member of the society. If the assessment should raise more money than is called for at the present time let the money remain in the hands of the Treasurer to the credit of the Legislative Committee. There is plenty of work to do. We should have some representation in the State Insane Hospital or some of the other institutions of the State, and we can do nothing without It will not require much. Another way to raise this amount is to drop the publication of the Transactions of this Society. that is a waste of money. Our bill this year is \$279. I believe if that money were put to use in some other direction we would have real benefit from it.

Dr. Means moves that we omit the publication of the Transactions this year and that we pay our debts. He understands that we are in debt about \$112, and the collections will not more than reach the immediate expenses. We can publish the papers in the journals. Motion seconded.

DR. HUNT: There are some portions of the Transactions that should be saved—the business portion, but I do not know how we were going to go about the division. We are not met for "business," but for the instruction of each other in our professional work.

DR. MEANS: The business part could be published in pamphlet form. I will amend my own motion to so state.

DR. BAXTER: I would vote for this motion if it could be understood that the publication of the Transactions for this year is in a state of suspension only; that its publication has been postponed to some future time when our finances will warrant it. I, therefore, move to amend that only the business portion of this meeting be published for this year, and that the papers be preserved for future publication.

DR. SIEGRIST: I object to the suspension of the publication of these Transactions. There are many members who cannot attend the meetings, and it would be a wrong to deprive them of the only means by which they could know what the Ohio Society is doing. I know many of them read these papers with interest and profit. I don't see why this Society couldn't be magnanimous enough to reach down in its pocket and pay this debt of honor. I think we ought not to suspend the printing of our Transactions.

Dr. Carter said he was willing to do whatever the Society agreed upon. If it was a personal assessment he was willing, if that would save the Transactions, but as matters financial now stand with the Society, something must be done to meet our indebtedness.

The motion to suspend the printing of the Transactions for one year was put to vote and lost. The decision was appealed from. A rising vote demanded. This proved to be a tie. The Chairman decided to leave the printing of the Transactions without alteration.

Drs. Wood, Walton and Carter addressed the Society at some length in behalf of the Hahnemann Monument Fund. A paper was later circulated at the banquet table and some considerable amount was subscribed.

The Society adjourned till Wednesday morning.

Second Day-Morning Session.

WEDNESDAY, MAY 9, 1900.

The Society was tardy in assembling. After waiting for a considerable time the Chairman called to order.

The Committee on Elections announced the following names as properly presented and nominated for the offices specified after each name, and that they had been properly posted according to the By-Laws:

President,								J. W. MEANS.
First Vice-Pi	esiden	t,						C. A. PAULY.
Seeond Vice-P	reside	nt,]	L. K. MAXWELL.
Secretary,								A. B. Nelles.
Treasurer,								T. T. CHURCH.

A motion being made and duly seconded, the ballot was cast for the whole list under a suspension of the By-Laws. All were declared elected.

The Chairman announced that he would leave the appointing of Bureau Chairmen to the incoming President.

Dr. Walton, speaking in relation to the place for the next annual meeting, said that he had spoken with a number of the members of the Society and believed that he represented their views when he recommended that the Society hereafter meet only in Columbus, and he would make a motion to that effect. Seconded by Dr. Hunt.

Dr. Walton said that Cincinnati would be the next logical meeting place, and that the Cincinnati members would be glad to have the Society come there. But he believed we should be independent of the places of meeting. The object of our meetings was, for one thing, to go where we can get together the largest number of our profession and where we will have the largest accessions to our membership. This can never be very uniformly expected to happen if the Society keeps dodging around in the State trying to do missionary work which doesn't missionary. He believed it would be wise to try Columbus for a period of four or five years. This was central, a great railway center, with a number of hotels and all other conveniences.

The Society adopted this motion.

The Chairman stated that inasmuch as the meeting would be in Columbus, and the Assistant Secretary was always appointed from the city to which the succeeding meeting was to go, he would not entertain any motion for an Assistant Secretary, but would, with the consent of the meeting, leave that with the Secretary, who was himself a Columbus member.

Dr. Means (the incoming President) announced the following for a Board of Censors: C. R. Coffeen, Chairman; R. B. House, W. B. Carpenter, J. A. Gann, F. A. Smith, J. Hershberger and C. K. Conard.

The By Laws were suspended and this list of Censors declared elected.

Dr. Walton moved to take from the table the matter of the appointment of an Educational Committee laid on the table yesterday by his motion, as being at that time inopportune. Seconded and ordered taken from the table.

Dr. Carter thereupon read the resolution empowering the President to appoint an Educational Committee each year. He then called upon Dr. Biggar, who was chairman of a similar committee in the American Institute, to explain the purpose of such new committee.

Dr. Biggar said that the society would doubtlessly remember that the President in his annual address had recommended two or three important matters and which the committee on that address, of which he had been chairman, had recommended to the care and adoption of the society. He referred in his Presidential address to the number of homeopathic physicians in the State of Ohio and the proportion of whom are in membership with the State Society; and he wished that some means were used to interest a greater number of the non-members in order to bring them into the society. It is a fact, said Dr. Biggar, that we ought to do something to make the Society a little more attractive, and perhaps this educational committee might have a decided tendency in that direction. The reason why this matter was brought up, is because we have nothing in the Society to take up questions that would naturally fall under this head, and could belong to none other. The purpose would naturally be to make us better homeopaths and better physicians by having the education of our students more thoroughly canvassed and if necessary improved.

Dr. Gann spoke for some minutes along the same line, recommending the appointing of such committee in the interest of the betterment of educational facilities in the State and in our schools, and concluded by asking that Dr. Biggar give a more full explanation of the scope of this Educational Committee.

DR. BIGGAR: I can only say that we seek to follow after the manner of the American Institute of Homeopathy. It takes up the different educational points and shows where advantages can be had and improvements made, and examines how the colleges have been doing this. It is to pattern after that that this committee was proposed—the advancement of medical education in our State. have a similar committee in the North Eastern Ohio Society; it has been in operation for four or five years. That committee has been of benefit to us; it has told us where we are deficient in our teaching methods, and has suggested improvements; and we are largely indebted to the labors of that committee for the agitation of the subject that has been given to it. Those of you who are conversant with matters in Columbus know that there is a stigma cast upon our homeopathic medical teaching. It was apparently the intent of Dr. Gann's paper yesterday to show how poorly we stood before the State authorities and because of some things done and other things not done in our medical education. What is wanted is the beginning of the higher state of education which is essential to giving us a proper standing with the State officials as physicians and as educated men and As matters stand now we know that we are not regarded in the same favorable light as the members of the other school, or even as our own school in some of the other States. The sole object is to make a prompt and progressive step in the direction of elevating medical education. We know that there are defects in our educational schemes, and it seems wise that the discovery and correction should come from within our ranks rather than from without. If this committee were of no value to the American Institute, the national body would certainly not have continued it from year to year.

Dr. Walton stated that he was familiar with the Medical Education Committee of the American Institute, and regarded it as a rather harmless committee, which met and reported each year, and that was about the end of its labors. He said he was in favor of creating a similar committee in the State Society.

Dr. Beckwith said he would move an amendment to that by asking that some one else beside the mover of the original motion be made its chairman, and also asked that no college man be included in the committee.

After some discussion, in which Dr. Beckwith and Dr. Biggar engaged for several minutes, the amendment as proposed, namely, that the mover of the motion be not made chairman and that no college man be included in the committee, was put and carried.

The original motion, the formation of the Medical Education Committee, was voted upon and carried, 23 to 3.

The Chairman, with the advice of the Society, appointed Drs. Kraft, Childs and Sara A. Fletcher as this committee.

The Bureau of Obstetrics was passed, owing to the absence of papers of any of the members, and because the Chairman's paper was lost in a satchel which had been mislaid or stolen on the way to the meeting.

The Bureaus of Gynecology and Clinical Medicine were called. The papers presented by these Bureaus were, after discussion, referred to the Publication Committee.

It was also agreed that all papers in the Obstetric Bureau, if found, were to be introduced into the record as read by title and referred to the Publication Committee.

The Bureau of Laryngology and Rhinology called, but passed in default of members or papers.

The Chairman appointed the following as delegates:

American Institute of Homeopathy,—

Drs. J. C. WOOD and H. E. BEEBE.

Kentucky State Society,-

Drs. R. G. REED and C. E. WALTON.

Indiana State Society,-

Drs. C. E. SAWYER and A. W. REDDISH.

Michigan State Society,—

Drs. W. B. HINSDALE and W. A. DEWEY.

Attention was called to the necessity for electing two members for the Legislative Committee and two members upon the Inter-State Committee of the American Institute of Homeopathy. The appointments were taken under advisement, to be later acted upon by the President.

At a later time the President appointed Drs. A. L. McCormick and J. H. Wilson upon the Legislative Committee, and Dr. T. A. McCann upon the Inter-State Committee. These committees, therefore, are at present made up as follows:

Legislative Committee:

Drs. A. L. McCormick and J. H. Wilson, for three years.

Drs. J. A. GANN and D. H. BECKWITH, for two years.

Drs. M. P. Hunt and R. B. House, for one year.

Inter-State Committee:

Dr. T. A. McCann, for four years.

Dr. W. B. CARPENTER, for two years.

Dr. Walton spoke at some length, reviewing the necessity for transacting the Society's business earlier in the sessions when there is a fair attendance, and not to wait until the meetings are thinned out. He also moved for the payment of the expenses of the Legislative Committee, which has been computed—our share of it—at \$68.50. The old school has already paid its share. It is a debt of honor that should be paid before we pay any one else.

The order for the payment was voted.

Dr. Walton also called attention to the expense of printing the Transactions. He was in favor, he said, of suspending the publication for a time at any rate, but since the Society had already voted upon that proposition, he would not further dilate upon the subject. But he believed that more economy could be and should be exercised in the printing and binding of the Annual Transactions.

The incoming President announced the following Bureau Chairmen:

Dermatology	, .						(GEOF	RGE W. SPENCER.
Neurology,									P. H. Sigrist.
									H. H. Wiggers.
Pedology,									C. E. SAWYER.
Anatomy,									R. B. Carter.
Obstetrics,									C. R. Coffeen.
Sanitary Scie	nce,								C. S. Ames.
Materia Med									. R. B. House.
Ophthalmolo	gy ar	ıd	Oto!	log	y,				T. M. STEWART.
Gynecology,									. P. B. ROPER.
Clinical Med	icine	,							
Laryngology	,								. CARL RUST.

The customary vote of thanks were ordered to the local physicians for their hospitality and also for the entertainment of the preceding night; to the Chairman who had been called to the chief place upon short notice; and to all the other officers.

It was, finally, agreed by action of the Society, that any report which was due and had not been received, or any paper sent but not received at the time of the closing of the sessions, might in the discretion of the Secretary be received and placed in their proper places in the Transactions.

On motion the Society adjourned at 10:24 A. M.

A. B. NELLES,

Secretary.

Nelles, A. B.

ALPHABETICAL REGISTER OF PHYSICIANS IN ATTENDANCE.

Chagrin Falls. Ada.Prospect. Ames, C. S. Cameron, G. D. Lunger, J. S. Akron. Rawson. Delaware. Carter, R. B. Barker, C. F. Smith, H. M. Childs, O. D. Reedtown. Elyria. Ann Arbor, Mich. Crecelius, W. A. Baldwin, H. D. Dewey, W. A. Salem. Greenwich. Ashland. Church, T. T. Whigam, E. B. Mohn, D. L. Sandusky. Helena, Ashtabula. Blakeslee, E. Crismore, J. W. Gillard, E. E. Siegfried, J. P. Gillard, E. Lancaster. Canton. Lehman, F. P. Hershberger, J. P. House, C. E. Morley, F. W. Parker, J. D. Lodi. Chicago. Schimansky, C. A. Elliott, A. E. Lydy, A. R. Stroud, E. Lorain. Wilder, G. E. Cîncinnati. Mead, J. S. Buck, J. D. Sidney. Reed, R. G. Reddish, A. W. Martin's Ferry. Walton, C. E. McClure, W. B. Toledo. Cleveland. Maumee. Boice Hays, E. L. Baxter, H. H. Maxwell, L. K. Rhonehouse, G. W. Beckwith, D. H. Parmelee, M. H. Biggar, H. F. Mt. Vernon. Zbinden, C. Chapman, H. B. Arndt, G. D. Horner, J. R. Troy. Conard, C: K. Jewett, E. H. Means, J. W. Krast, Frank. Norwalk. Vermillion. Schneider, A. B. Bebant, S. J. Bond, B. F. Van Norman, H. B. New Philadelphia. Wood, J. C. Wellington. Sigrist, P. H. Rust, C. H. Columbus. Olivesburgh. Carpenter, W. B. West Jefferson. Clemmer, J. W. Roasberry, W. H. Scofield, L. F. Fletcher, Sara. Piqua. Wooster. Hunt, M. P. Coffeen, C. R. Gann, J. A.

NECROLOGIST'S REPORT.

D. H. BECKWITH, M. D., Cleveland.

When Sandusky was selected as the place of meeting for the Homeopathic Medical Society of Ohio, for the year 1900, not a member anticipated that the Hand of Death would be laid upon one of the leading physicians of this city.

The Necrologist reports only two deaths the past year from the members of this Society.

WILLIAM GAYLORD, M. D.

William Gaylord died January 4th, of apoplexy, having been a resident of Sandusky about fifteen years.

He left the bed of his sick wife, weary from nursing and overwork, saying to the nurse not to waken him, as he must have sleep. Little did he realize that the sleep which he desired would be his last long sleep "that knows no waking." Death had set his fatal seal upon him. He died January 4th, 1900.

Dr. Gaylord was born in Morrow County, Ohio, July 31st, 1838. His early life was that of a farmer boy; later he holds the throttle of an express engine running from Cincinnati to Richmond. train sped by hamlet and village he was thinking of his work for his future life. He was kind and sympathetic in his nature, but had aspirations for more knowledge, therefore he sought the office of J. D. Buck, of Cincinnati, and enrolled his name as a medical student. At night he sped his engine over its course, yet thinking of his medical studies as he swiftly passed hill and dale. By his untiring industry he was at night the trusted engineer, by day a student in the Pulte College. He graduated in March, 1883. The Trustees then appointed him as lecturer on Histology and Microscopy. His lectures were so much appreciated that he was chosen to the Chair of Dermatology and Histology, a position he held until he located in this city in the year 1885. The same year he became a member of this Society. He also was a member of the American Society of Microscopy.

Dr. Gaylord soon established a large clientage. He knew no poor or rich, but gave his services freely to all who required his professional work.

In conclusion I quote the words of a very dear friend of his, who paid this noble tribute to his memory:

"If ever a good man walked upon the earth, it was he whom we mourn, and whose name we shall never speak without praise. He brought light into the darkest home: a light which shone out of a life which was on fire for humanity. His touch held healing and his speech was a benediction. Truth was his passion, and he was wedded to it with body and soul.

"He is dead, we say, such as he never die."

"Then mourn not death, 'tis but a stair Built with divinest art, Up which the deathless footsteps climb Of loved ones who depart."

GEO. G. BIGGAR, M. D.

Dr. Biggar was born in Smithville, Ontario, Canada, in 1849, and died at Geneva, Ohio, February 12th, 1900, at his own home. He was a physician of untiring energy; he did professional work two days before his death. Exposure affected his diseased lungs and brought on congestion and an easy death. For several years Dr. Biggar had pulmonary trouble, which caused a general failure of his health. Few men could have done his professional work and done it as well, when he well knew that the hand of death was laid upon him, that ere long he would be summoned to his Heavenly Home.

He graduated from the Cleveland Homeopathic College in 1873; married in 1876; located at Geneva, where he resided to the day of his death.

The deceased was an influential member of the Methodist Episcopal Church and active in church work. He joined the Ohio State Homeopathic Medical Society in 1897.

He was a brother of Dr. H. F. Biggar, of Cleveland, who was at his bedside at the time of his death.

I copy a few remarks from the Geneva press, which express the sentiment of those who have known him well since he located at Geneva:

"Dr. Biggar was without doubt one of the best read physicians in this section, and had a thorough understanding and knowledge of medicine in all its branches, but his health the past few years has acted as a bar to the active practice which he desired. "He was well educated and a thoroughly polished gentleman, with whom it was a pleasure to meet. He was of a kind and charitable disposition, but very reticent. Even his most intimate friends were not familiar with his inmost thoughts.

"He will long be remembered for the many good deeds that he has done."

Dr. Biggar believed in cremation as the proper method of disposing of the body, and the friends complied with his request, and the body was cremated at Buffalo.

E. C. MORRILL, M. D.

Dr. Morrill, of Norwalk, Ohio, died January 3rd, 1900, it being his fifty eighth birthday. He became a member of this Society in 1878, and was one of the most regular attendants until the Society recommended a medical examination board. He was honest in purpose and principle. His adherence to the strict letter of his convictions was peculiar; he sacrificed time and money rather than yield a point. It was his professional pride that made him enter into the long and bitter contest with the State Examining Board. He believed that the law was unjust to compel a physician to buy the license to practice his profession. In each trial with the State he came out victorious. Death and the Supreme Court made a decision against him.

With his strong personal views and depth of character were blended mirth and an unusual wealth of information.

But few men in the profession gave as much care and study to our materia medica as Dr. Morrill. He was a lieutenant in the Eighty-eighth Regiment during the Civil War, encountered many dangers and endured many hardships; he knew no fear before his enemies.

On the day of his death he was riding in his buggy to see at patient. The fleet messenger overtook him while he was at his post; he died in his carriage, from heart disease.

He was a graduate of the Cleveland Homeopathic College and had been one of Huron County's leading physicians for a quarter of a century.

He was the son of Dr. Charles Morrill, who died a few years, ago in Cleveland.

PRESIDENT'S ADDRESS.

C. E. SAWYER, M. D., Marion.

To-day begins the Thirty-sixth Annual Convention of the Ohio State Homeopathic Medical Society. Born under adverse circumstances, developed amid trials and tribulations, it has finally, thanks to the untiring efforts of those who have stood faithfully by during the years of its growth and advancement, reached its maturity with both prestige and power, and it is with just pride that we refer to it to-day as one of the best State medical societies in the country; standing as it does for all that is good in medicine, practical in surgery and useful in the corollary sciences.

As you are all quite familiar with its early history, its struggles for existence, and now with its growing favor as an organization, it seems unnecessary for me to enter more fully into the details of the past, but rather to deal with the present and the possibilities of the future.

While opportunity is rife I wish to express my appreciation of the compliment paid me in electing me to preside over the deliberations of It is with no little diffidence that I assume the responsibilities of the office, and while inexperience may lead to error in decision and lack of knowledge of parliamentary laws develop questionable rulings, I wish to assure you that mistakes made and errors committed will be of the head and not of the heart. It is my earnest desire to serve all with consideration and respect, and at the same time to be as expeditious as possible in all matters under advisement, that each section may be favorably presented and each matter of business duly considered. Heretofore it has been the policy of Presidents-elect in their annual address to review the progress made by the profession in general during the preceding year, but as each of you is thoroughly posted on such matters I shall confine my remarks to the present needs and future welfare of the Society, subjects which should be of personal interest to every homeopathic practitioner, ones, too, which are not sufficiently appreciated, else the representation at these annual meetings would be larger.

Out of nearly one thousand homeopathic practitioners in the State of Ohio rarely ever more than one-tenth are found in convention

assembled at one time, a fact which you will all admit is unpleasant to contemplate, but as we are not here to flatter ourselves, it is well that we consider from every point of view the situation as it really exists, as well as that which we would have it be.

The State Society stands for principles and policies in which every homeopathic practitioner is individually concerned, and each member of the profession, no matter what his rank or position, owes to it a personal duty which can only be repaid by active membership—enrollment alone will not suffice. For the welfare of the Society it is necessary that each physician participate personally in its workings.

Nothing so incites an individual to better effort than does contact with others, who like himself are seeking further light. Examine if you will into the history of successful individuals in any vocation of life, and you will find them men and women who have tried their steel in fraternal competition many times. Fraternization has become a necessity; organization, system and order are the fundamental principles upon which are based all forms of business. Every other vocation in life has accepted the benefit that comes from community of purpose. In consequence every form of business has developed to wonderful proportions. This has only been possible through comparisons made, plans promulgated and themes furnished by the various societies representing the interests under consideration, for societies, no matter what their origin or purpose, reflect the best thought of the best minds.

With the understanding that our State Society is the protectorate of the homeopathic profession, it is well that we consider, first, the elements which serve to interfere with the best interests of the profession. Second, to devise means and promulgate plans to widen the influence the Society wields.

A recent experience in connection with the passage of the Love Medical Bill impressed upon me very forcibly the fact that the medical profession did not have the standing among the people it should have, for it was clearly evident when this measure was up for action by the Legislature that many people did not regard the modern physician as much better than the quack. Not only did this come from opponents, but as well from a long list of their friends who by petition signified the fact that they also were willing to allow the medical profession to be placed on the commonest of grounds.

If the demands of present matriculation and years of college training required to create a doctor of medicine do not entitle him to a higher rank than is due to one who mystifies rather than enlightens, it is high time that we make some inquiry as to the cause. If the man of letters with years of training is no better than the charlatan whose stock in trade is the credulity of ignorant layman, it is well that we cast the searchlight of reason to determine why.

While listening to the arguments on the floor of the Legislature in regard to the above named bill, I overheard the remark, "No wonder doctors lack prestige, for they are always fighting among themselves." This very fact I believe to be the cue to much of the trouble which the medical profession has in gaining proper recognition and in establishing superior position. Nothing so belittles our profession as the constant disposition to disagreement among its members.

In this connection I do not refer alone to the differences between schools, but as well to the ever prevalent disposition on the part of members of all schools to detract from their colleagues by saying and doing things against them and the opinions they express.

The world is wide enough and opportunities sufficiently numerous for all to succeed without traducing one another, and yet this practice is so prevalent as to submit the profession to ridicule and to so lower our professional standard as to materially interfere with our influence and power.

Another element which interferes with the progress of the homeopathic profession is a lack of business methods in conducting affairs of vital interest to all. To illustrate the point I cannot do better than refer to the position we have allowed ourselves to be placed in regarding governmental appointments, corporation assignments and political offices. If organized effort was brought to bear along proper lines in any of these matters there is no reason why we should not have our proportion of the offices, appointments and positions to which we are entitled, both by right of ability to fulfill and by a following to By insistence we have succeeded in a fair representation on the Board of Medical Registration and Examination. If we are capable of serving on a Board which is to determine who are to be regarded as capable of practicing medicine, we are equally as able to fill professional positions in our State and National institutions, and I feel sure that if we were to make an organized effort in this direction we could have at least a reasonable representation in the various institutions of the country.

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Homeopathy is no longer restricted to the realm of little pills. In days gone by our contemporaries could say of us that we were too limited in our knowledge of medicine and surgery, because we confined ourselves to the use of drugs alone. To day, however, this is different. The graduates of homeopathic schools have as thorough a training in all the departments of medicine and surgery and their allied sciences as do the graduates of the best old school colleges; therefore we are in position to give as good service as can any one, and I feel sure that if we were to take these matters up in a business like way we could achieve much we now fail in doing.

The scope of our society is reaching beyond the consideration of scientific matters alone, and we must, to serve our interests best in the future, deal with problems which affect our commercial interests as well. The beginning of another century makes necessary new methods, new policies and new means. To keep abreast of the times we must of necessity keep step with the procession of progress. To best attain the end sought it is necessary to discontinue some old policies and incorporate some which are new. To achieve that which is possible I would suggest the following plan, which I think will not only widen the field of usefulness as a society, but will also be of much benefit to each of us personally.

In the past the plan has been for the outgoing president to appoint the chairmen of the different bureaus, and to even supply a list for these chairmen to select material from to furnish papers for the next years meeting. To me this is wrong. I would advise that each president should have the right to appoint his own chairmen, and these chairmen, together with the President and Secretary, should constitute an executive board for the consideration of all matters of business interesting the Society as a body.

In other words, they would compose the President's Cabinet, with a representative from each of the various sections, each of whom should be held individually responsible for all matters of interest and consideration affecting his particular bureau. These chairmen should be appointed early in the session, and should be urged to have a meeting as soon as possible in order to arrange the slate for the following year.

It should be the duty of the chairman of a bureau to select proper members for the preparation of papers for each section. It should be his duty also to secure some special member to open the discussion on each paper to be presented. Each principal should select an alternate, who in the absence of the principal would take his subject or paper and present it.

The papers in each bureau should be limited to four in number, and some special topic should be decided upon for consideration at each meeting. A certain time should be allotted for each bureau's report, and all other matters arranged to hear the report of that particular bureau on the day and at the hour fixed. This plan would insure to each individual preparing a paper time for its conside.ation, and would prevent the necessity of reading papers by title. also guarantee to all members present the execution of the program as It would also develop a systematic plan of work for the entire session, and the State Society would serve as it should, as a course of post graduate instruction which would be both entertaining and useful to every one present. As matters now stand the President is very much limited in his ability to afford a good meeting because the appointments have been made by his predecessor, and he is only able to act as a figurehead in the execution of another man's plans, because the working force is not of his own selection. Then, too, as matters are now, the Secretary, in order to complete his program, has not only to drum up the chairman, but also each individual who is to present a paper, and he must wait until the last hour in the afternoon to complete the list. If the Secretary's duties were less arduous he would have more time to solicit new members and thereby add much to the scope of the Society.

According to the plan above suggested, the responsibility of appointment would be placed on the chairmen of the sections. This, in my opinion, is where it should be, for if any one should have special interest in a section it should be the chairman.

It should be understood also that each chairman shall have his report complete and in the hands of the Secretary by not later than the 20th of April of each year. If the appointed chairmen were selected with regard to their fitness and were urged to take action in the way above cited, I feel sure that one year would suffice to demonstrate the advisability of its continuance.

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I believe it would be well to have appointed by the dean of each of our colleges a member of the graduating class whose duty it would be to solicit membership to the Society from the outgoing graduates, and to present for their consideration the advantage to be gained by each of them in uniting early with the State body.

In the matter of Bureaus, I would add either as a separate one or as an adjunct to the Bureau of Surgery, an orthopedic section, which would consider cripples and deformities. Up to the present there has been a disposition on the part of the profession to indifference in this regard, which is unjust to the large class of cases thus afflicted, as well as injurious to the profession in general, for it is from this class that charlatanism draws much of its support.

Again, I believe it would be much better if the local societies of the State would appoint at least three delegates each to the State Society meeting to report upon such matters as may be of interest to them and the State body. This should be looked after carefully by the President of the Societies in order that representative men, who are sure to be present, would be appointed.

Although this address is already too long, I feel that I should not close without making an appeal to each and every member of this State Society for some financial help in the matter of the Hahnemann Monu-Through the indefatigable efforts of the Monument Committee a beautiful location and a fitting entablature is ready for dedication, providing that a sufficient sum of money can be raised to liquidate present indebtedness. Unless sufficient money is raised within the next few days the monument must be given np. Shall we, as members of the Ohio State Homeopathic Medical Society, see this project fail for the want of a few paltry dollars, or shall we individually and collectively unite our forces and open our hearts and pocket-books to aid in the completion of the work? It is my earnest hope that you will each and all come to the rescue, and that you will at least contribute a small amount, which combined as a majestic whole may serve to present to our American country a token of esteem in honor of Samuel Hahnemann, which may convey to generations yet unborn the name of one who as a philosopher and doctor knew neither peer nor equal.

But for the "porcelain painter's son," but for his forbearance of persecution, but for his force of conviction, so strong as to forever

stand out against the maledictions and abuses of all contemporaries; but for his heart full of love for suffering humanity, we as his followers could never have existed. To the law he promulgated and so bravely defended against the prejudices and contumely of opponents of the bitterest type, we as homeopathic physicians owe our art. If to the sage of Miessen so much is due, dare we fail to commemorate his name when the opportunity presents? Echo answers, No, no! Positively no!

If we lose this opportunity of perpetuating the name of one of the greatest, grandest and most glorious men that past or present ever knew, we are unworthy the name of homeopaths, and the ship of homeopathy should be lost on the shoals of adversity.

The opportunity for perpetuating the name of Samuel Hahnemann and of placing before the world a monument to his glory, and to the homeopathic school in general, is now present. Will you rally to the cause and lend not only your personal support, but by solicitation from friends and patrons, help in this matter in which we are all so deeply interested? If so, the name of our beloved Hahneman will become more than ever endeared to the thousands upon thousands of suffering humanity who have been benefited by the law which he originated, and the name of Homeopathy will be emblazoned anew on the banner of Time, to wave forever to the credit of the long list of earnest workers who have gone before, and to urge onward the ever increasing army of doctors and clients yet to follow.

A committee has been appointed to take this matter up, and as soon as possible a time will be designated for its consideration.

BUREAU REPORTS.

BUREAU OF DERMATOLOGY.

CHLOASMA.

By C. E. House, M. D, Canton.

Show me a lady with a liver spot, or a moth patch, on her face, and I will show you a woman who will give shekels to have it removed. Pigmentation, whether circumscribed or diffused, is unsightly, and a source of annoyance, mortification and distress to its possessor, and often of much concern to the attending physician. This condition of pigmentation varies greatly, both in area involved and in degree of color.

Addison's disease presents perhaps the most pronounced type of pigmentation, both in color and extent.

Chloasma is an abnormal deposit of normal pigment in the rete mucosum, or mucous layer of the skin, and is due to perverted nerve influence. It appears at all ages, and in both sexes, but principally in females, and is sometimes associated with seborrhoea. Various conditions, both external and internal tend to produce undue pigmentation. Some of the internal causes of symptomatic forms are pregnancy, cancer, tuberculosis, uterine and ovarian irritation, gall stones, syphilis, anaemia, senile atrophy, icterus, etc.

Any active agency, whereby the blood is unduly and continuously brought to the surface, may, and often does cause an abnormal deposit of pigment at the point of irritation, and subsequent blood stasis; as injuries, chemicals, mustard plasters, scratching incident to

eczema, neurotic disturbances, belts, trusses, etc. But chloasma of the face and neck concerns the patient most. Such cases are daily brought to our notice, with promises of great reward for their removal.

All shadings of the skin above the normal, whether in isolated patches or masking more or less of the surface of the body, and particularly of the face and neck, have been dubbed by the laity, "liver spots," or "moth patches." True, we may get a mottled duskiness of the surface from a functional derangement of the liver, or a deep yellow staining of the skin from a deposit of bile pigment, but these, and these alone, of all the varied discolorations of the skin will be removed by remedies that act upon the liver, except, through other organs benefitted, by the restoration of functional activity of that important gland.

The physiological condition of pregnancy produces pigmentation of certain regions through perverted nerve action. But it gradually disappears after delivery, unless the neurotic disturbances are prolonged or maintained by a lacerated cervix, sub involution, or both.

As chloasma of the face and neck in women is in the minority before puberty and after the menapause, it would seem that perverted nerve action, or neurotic disturbances of uterine origin, whether physiological or pathological, is responsible for a large majority of cases of chloasma appearing in that region.

In many cases the uterus is without that tonicity characteristic of health. The walls are flabby, its depth increased. Very many cases are restored to the normal by absorption in a few weeks or months after the source of irritation has been removed, without medication. This is often observed where tight hat bands, belts or trusses have been worn, or mustard plasters applied. Other cases due to disease, or functional derangement of internal organs, are restored, or at least modified, as those functional derangements or organic lesions are removed. Where this process of absorption is complete, or nature seems inadequate for its accomplishment, external applications may be used to assist in the cure.

As Hyde has aptly expressed it, "Hasten the physiological reproduction of the epidermis, substituting new and unpigmented for old and pigmented epithelia. Bearing in mind the danger of repigmentation, if in hastening the physiological reproduction too great a degree of congestion is produced."

Among the various remedies that have been used for this purpose, I will mention corrosive chloride of mercury, ammoniated mercury, tincture of iodine, acetic, and hydrochloric acids. For a quick result, Hebra and others used a solution of corrosive sublimate, grs. 5, alcohol, or water, oz. 1. This was applied with compresses. In about four hours a blister was formed which was opened and dressed with powdered starch. Repigmentation frequently occurred as a result of excessive congestion, to which I recently referred. Such a procedure should not be entertained until milder means have failed.

The following I have used and found beneficial:

Ammoniated mercury, dr. 1.
Bismuth sub. nitrate, dr. 1.
Lanolin or benzoated lard, oz. 1.
Apply at bedtime.

Or,

Corrosive sublimate, gr. 2.

Tincture benzoin, dr. 1.

Almond emulsion, oz. 1.

Mix: Apply at night and morning.

Soda sulphite, dr. 1.
Rose water, oz. 1.
Apply at night and morning.

Another:

Corrosive sublimate, grs 6. Lemon juice, oz. 1. Aqua distillata q. s., oz. 16. Apply at bedtime.

As diet plays an important role in the removal of functional and diseased conditions, such articles of food as interfere with proper digestion, thus tending to produce unhealthy skins, should be avoided. In fact all articles of food that should be excluded from the diet of an eczema patient should be denied those afflicted with chloasma. The principal ones are pork, buckwheat, hot bread, pastry, cheese, pickles, shell fish, and salt fish. Starchy foods should be used sparingly. Make it as easy as possible for nature to perform her various functions correctly, and as difficult as possible for chloasma to appear. No doubt other remedies than those I shall mention will be needed to meet the various conditions in different cases, but a few of the prominent ones I will mention:

Sepia. Yellow saddle across the nose and upper part of cheeks; also yellow spots on the face.

Argentum Nitricum. Skin from a bluish gray to a bronze or real black, especially in syphilitic subjects.

Lycopodium. Skin unhealthy. Sluggishness of periferic activities, with brown liver spots.

Iodine. Rough, dry skin, inclined to be dirty yellow or brown. Hepar Sulphur. Yellow jaundiced skin.

Thuja. Skin looks dirty. Dark brown spots here and there, especially in tertiary syphilis.

Petroleum. Brown and yellow spots on the skin.

Plumbum Metallicum. Dark brown spots on the skin, especially in pregnancy. Dry, withered, yellow-spotted skin.

Pin your faith to the indicated remedy, for permanency of cure will depend on success in the removal of functional and diseased conditions, as it is fair to presume repigmentation if the same conditions obtain.

BUREAU OF NEUROLOGY.

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W. A. DEWEY, M. D.,											
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THE PSYCHOLOGICAL EQUATION.

By J. D. Buck, M. D., Cincinnati.

Nervous Diseases are Physical: Mental Diseases are Metaphysical: Psychology must find the Equation.

Matter and force, or energy and resistance, enter into all problems in physical science. The impulse of energy as the immediate cause of motion, and the inertia, or resistance of matter to be overcome, constitute the problem to be solved in nearly every proposition in physical science. To measure invisible force by visible motion is to recognize the equation of the seen and the unseen, the known and the unknown. It was the recognition of this equation that gave rise to the discovery of the conservation and correlation of force, and the so called equivalent of heat. So many pounds of coal, so many pounds of steam, so much resistance or inertia overcome. It was but a further step to apply the same principle to molecular motion and the vital problems of living energy.

The effort has all along been made to solve the psychological problem by a single equation, in which the brain and mental phenomena, were included with the brain and vital phenomena, as a single equation. We have thus derived some knowledge of mental physiology, but nothing whatever of psychology proper.

The terms in a compound equation are correlated without confusion. The nervous system is a purely physical structure, subject to all

the laws of growth, development, nutrition, physiological action, disease and decay, the same as any other portion of the human body. Physiology furnishes not the slightest clue to mental action. Nutrition and assimilation are chemico-vital processes, yet even on the physical plane, above the realm of molecular action, the varied motions imply a mover; the actions imply and exhibit an actor.

When, however, we enter the mental plane, there is no clue derived from the lower plane implying thought. Aggregation and assimilation can be explained partly, at least, as physical transformation and similitudes, without furnishing the slightest clue as to how matter can think, or how vital action can become mental action. Neither need we undertake any such explanation. I am contending only that the problem should be correctly stated.

All physiological problems deduce relations and trace analogies between the body and vital action, and the external physical world and the operation of cosmic energy. In this effort, chemistry and physics are continually laid under tribute, and in all cases there is recognized the problem of matter and force, or resistance and energy, as an equation to be worked out.

Now in all mental phenomena we are dealing with another plane entirely. It is metaphysical as it transcends the physical, and has its own equations. To illustrate our problem, let us represent it by a circle and its diameter line. Let us call the upper half metaphysical; the lower half physical. Let us consider the ego, or the actor, or thinker in man, as the point representing the center of the circle. Above, we have the world of thought; below, the world of action: with the ego equally related to each. On the one hand we have the ego and its states of consciousness, in which thought represents the various phases or changes. On the other hand (below the line), we have to consider the ego and its states of feeling, and modes of action. Through the upper arc the ego is related to space, and that which Plato designated as "the world of divine ideas"; of causes, laws and Through the lower arc, the ego is related to matter, time, principles. and motion. It is thus that man's thought ranges the realms of space and is practically limitless and boundless. On the other hand, through the lower arc, man is related to time, and affiliated with matter and every form and quality of life. Through the body man is brought into contact with matter, and assimilates its essense, and senses its qualities.

Through the mind, man is brought into contact with the world of creative forms and divine ideas, apprehends their laws, and at last comprehends their meaning. Yet all the time man is one: a center of conscious intelligence and sentient life.

The mind may become diseased from purely metaphysical causes and eventually modify the function or structure of the brain, and of the entire body. Metaphysical mental disease may give rise to physical bodily disease. Again, the body may be diseased functionally or organically and result in disease of the mind. To correctly apprehend these relations, and yet to keep the two realms and processes distinct, is the first principle in the science of psychology. This is the Psychological Equation; the first principle from which all scientific study of psychology must proceed. Outside this basic theorem, all is confusion and bewil-The laws of mind transcend the laws of matter, but do not annul or contradict them. On all planes of Cosmos, "action and reaction are equal and opposite." Action is followed by reaction, and reaction again by action, with the innate and underlying tendency to equilibrium. Action and reaction represent life or manifestation. The underlying equilibrium represents the eternal unity of being; or, action represents life, and thought; while consciousness represents equilibrium, or repose of Being in Eternity.

Taking now the foregoing principles as our theorem, in studying all mental states, whether in health or disease, we begin with the ego and its states of consciousness.

We begin with this as an empirical fact, just as mathematics begins with the axiom; the proposition in either case is self-evident, and therefore requires no proof, and is incapable of proof. If one declares that he does not "see it," that ends the matter; he had better not waste his time with either mathematics or psychology. It is a mere question of the apprehension of the inherent nature and relation of things, and to quibble over it, or attempt to deny it, simply exposes ignorance and dullness of apprehension; in short, is a waste of words.

The most broad and sweeping deductions of modern physiological psychology concern the palpable relation of structure to function, in which symmetry of form, is related to healthy mental action, emotion, and feeling; where, on the other hand, the degree of anomaly in form measures perversity of functions. Hence arises that condition designated as degeneracy. There are, however, a large class of both

mental and nervous diseases that do not come under any such definition. Externally, no such anomalies are discovered; and by inference, symmetrical development implies normal function. Yet there are present varied forms of perverted action, imbecility, or insanity. All of this goes to show that the metaphysical side of the problem needs more careful and scientific research.

The theory that in a general way structure and function are intimately co-related is undoubtedly true. The cases that Lombroso and his associates designate as "degeneracy," I would name as defective; not as perverted, but as simply undeveloped. Here we come face to face with the real problem of heredity. Without going deeply into this complex problem, a few basic principles may be pointed out. body is to the ego, what the external world is to the personal man, viz.: his environment. Hereby is determined opportunity, but not innate capacity. If capacity and opportunity were convertible, man would find himself lashed to an iron-bedstead from which there would be no escape, and upon which he would be hopelessly secured and mercilessly broken. Man may conquer his environment either as to his habitat and conditions in the external world, or as to his physical body with its capacities or limitations. Heredity determines tendencies and opportunities, but not innate capacities of the ego. "eternal call" concerns the transmission of life impulse and external force from father to son, generation to generation. It accounts, to some extent, for similitudes, but not for differences; nor can any or all changes in environment account for all variations.

Similitudes pertain almost exclusively to physical form and general tendencies, while there remains the widest possible variation in individual capacity. Here again is seen the universal equation.

Man is an individual, as a distinct entity, transcends the purely personal conditions of bodily form, and physical tendency due to heredity and environment. Though connected with these, and modified by them, he nevertheless transcends them. The real self in man is persistent and distinct. It is not derivative, but self-existent. The Platonic doctrine of the pre existence and persistance of the human soul, is a logical and necessary postulate of the science of psychology. Why anyone should dispute it, or how anyone can find any comfort in denying it, seems difficult to imagine. Proof of it lies in the persistence

and continuity of self-consciousness. Imagine, if you can, your own self-conscious identity as either originating out of nothing, or as ceasing to exist hereafter. The nature and form of thought innate in man precludes the possibility of such a thing. Like Dundreary's conundrum, "What do you think when you think nothing?" It is a paradoxical absurdity.

The study of psychology nowadays, among medical men and in schools and colleges, seldom passes a single step beyond pure empiricism. Nothing deserving the name of science is ever attempted. What do they reveal to us of the nature of the soul or the laws of the human mind? What is psychology but a knowledge of the soul? The physiology of the nervous system is no more psychology than the building and use of a bridge is the science of physics and mathematics, though it may be indebted to both.

Hence I argue and plead for a more rational and scientific method in the study of psychology, relieved of its blight of crass materialism, and its incubus of tradition. We could even afford to wipe off the slate and begin all over again, so far as strictly mental functions and mental disease are concerned, and could accomplish more in a single decade of scientific study than with all the traditions of the past, point of departure in the study of all mental states, whether of health or of disease, is the purely metaphysical concept of "the Ego and its states and conditions of consciousness. Second, the possibility and conditions of all movements in either the mental or physical realm imply that action and reaction are equal and opposite; the nascent point between the two-that equilibrium which implies and preserves integrity of structure, permanency of form, and repeated action—represents consciousness; is where consciousness comes in, in the metaphysical working hypothesis. Unconsciousness, as applied to the ego, is a misnomer. Consciousness may retire from the physical plane and the avenues of sense and feeling: that is, it may be restricted to certain planes, but never annulled, for, to annul consciousness, would be to annihilate the ego. There are sub-conscious and supra conscious states, measured by outward manifestations, just as there are anæsthesic and hyperæsthesic areas of sensation. Nothing is easier to demonstrate than the consciousness of the ego on the mental or emotional planes when the physical senses are dormant from chloroform.

Another thing must be born in mind; and that is, the exceeding rapidity of changes in mental states, whether in dreams or in the waking state. Here the element of time is practically annulled, and "a thousand years are as a day, and a day is as a thousand years." There is no longer the orderly succession of events and phenomena represented by the passage of time, whose organ is the human ear. In the lower organs of sense, time is required for the passage of currents, and the record of events and sensations; time also is required for their association, and perception. The nerve fluid is a plane lower than the sensitive ether of the brain, the movements of which represent the panorama of thought. The comparatively sluggish movements of the nerve fluid, and the exceedingly rapid oscillations of the ether, or thought substance, are related to each other by definite multiples as a basis of correlation, and the embodied ego readily adjusts itself to both. Physical sensation is here like the deep undertone of the sea, to the shrill treble of the wind and the fierce rushing of the blast, representing mental states, or the lowest and highest tones of an The human ear, constructed on the principle of harmony, senses each, and without confusion renders the whole concordant as the diapason of nature. We have only to analyze the most common or the most complex phenomena of life, in order to discover the underlying law, and still further elucidate the nature of the perceiving and conceiving power in man. No one can imagine how the most complicated mental phenomena are simplified by this method of study, till he tries it., Telepathy, and hypnosis at a distance, are the simplest of object lessons, the mere alphabet of psychology. There is, moreover, a higher realm of consciousness above the plane of ordinary thought, as thought transcends the plane of physical sensation. principle underlying these three planes is the same, and the ego may pass consciously and deliberately from one to the other. The lower plane correlates the higher, and that the highest, by ratios of exact mathematical vibration, as the tones of an octave, or the colors of the solar spectrum are related to each other. It seems impossible to conceive how it could be otherwise, in a world of harmony perceived by a conscious identity, and created by divine intelligence. It is man's prerogative, not only to perceive, but to understand and to utilize these laws and universal principles, if he will, for this is the line of the higher When from such methods of study man has indeed arrived

at a Science of Psychology, a knowledge of the nature, powers and laws that underly and govern the human soul, then, and only then, will he be able to apprehend mental alienation in all its varied forms and degrees, and often to arrest or prevent them. I beg you to remember that mere speculation is not philosophy; empiricism is not science; accident and caprice are impossible in a universe governed by law: opinion is not knowledge; and the highest office of science is "to discern the rational order that pervades the universe;" and the highest duty, as the highest achievement of man, is to know himself,

DR. GANN: The discussion of a paper like this of Dr. Buck's is like attempting to polish a new coin. I know no book in that line which has helped me so much as the study of Hudson's *Psychic Phenomena*. For the student there is certain to be found a mine full of suggestiveness. What has been looked upon by many as hypothesis is there found to be based upon natural manifestations or expressions of law. Many of the things we have been in the habit of looking upon as evidences of perverted sensations can be traced to this subconscious or lower plane, as Prof. Buck has it. I can recommend that work—at least much of it.

Dr. Buck said that Hudson's Law of Psychic Phenomena is a book he had always recommended to his students, especially the first half, which he would recommend not as a working hypothesis, but as suggestive merely. It is merely a first step, a lesson inculcating the existence of the subjective and objective world. There is subjective and objective mind or there is one mind with two phases. You can go on a very little way with Hudson's Psychic Phenomena before running on to some very excellent thoughts which will lead the student to the real philosophy of the mind—to soul, and thought and consciousness. Dr. Buck said that these planes of vibration in man corresponded exactly with the planes of vibration which produce the seven colors and the seven tones, by repeating the first tone which gave us the octave in He said if one would but think, in a world of law there must be order; for order and harmony are at the foundation of things. Just as we find in the construction of the human eye the principles of light; and in the human ear the principles of acoustics. After succeeding in getting to a working hypothesis he would recommend a later book by the same author.

Dr. Biggar asks the relationship of this subject to practical utility. Dr. Buck answers that it teaches man to know himself and his capabilities, and his intimate association with all that which surrounds him in this life—light, sound, music, harmony and so forth. If a man knows himself, his own powers, and can interpret the meaning of the phenomena of the universe and his own phenomena, he will come to understand things he could not know in any other way. When he understands the laws and operations of the human mind, the operations of the human body will be more easily interpreted by him; for he will see how they are correlated. The lower cannot understand the higher. If he begins with the study of psychology from a broad philosophy of the universe and proceeds to the absolute science he will understand the plane of nervous and mental influences, and wrongs and will be enabled to properly interpret all their phenomena.

Dr. Walton said that the study of psychiatry was not so much how to understand ones self as it was to understand the other fellow.

SOME HOMEOPATHIC REMEDIES IN NEURASTHENIA.

By W. A. DEWEY, M. D., Ann Arbor, Mich.

Perhaps there is no class of patients that are more trying to the physician than the neurasthenic, or perhaps better known as the hypochondriac class. I presume it is the universal experience of the profession that the sooner such patients are gotten rid of the better. One tries for awhile with remedies, and soon comes to the conclusion that there are none for the trouble, that the vaunted indications are of no use, and that the best thing to do is to send the patient to the baths or to some other doctor. I confess to this feeling myself in very many cases. In this paper I will endeavor to give some practical indications for a few remedies, but I must preface this by calling attention to the fact that while I believe remedies are most potent helps in the cure of such patients, in order to secure the best results therefrom certain conditions must be present.

It is absolutely useless in most cases to simply prescribe the remedy, no matter how closely indicated, and at the same time permit the patient to go on living as he has been living, brooding over his troubles, his mind ever fixed on himself. I believe such patients can only be cured when the conditions are favorable. What are these conditions? In the first place, as neurasthenia is a sort of hysteria, it is necessary that the patient be kept busy in mind and even in body. This can only be secured in some retreat or sanitorium. Here a daily routine can be laid down for each individual case, his diet, sleep, exercise, bathing and mental recreation can be regulated to keep mind and body employed, and then the remedy can be applied with the most beneficial results. With this fact in mind the remedy will be applied and the patient cured speedily and promptly and permanently.

The following remedies, I think, are those most frequently indicated in the order given.

Phosphorus. I believe with Dr. Hart that this remedy is essential to cure in most cases. It suits cases especially which are on the border line between neurasthenia and organic cerebral and spinal disease. It is indicated by irritability and weakness, oversensitiveness to all impressions, the head is weak and the patient cannot think, there is apt to be burning in small spots, better from rubbing; the legs are weak with numbness and coldness, the sphincters are weak. a feeling of weakness in the back, as if it would break on any motion. Noises in the ears furnish an additional indication, and I have frequently verified the remedy in a nervous vertigo with burning and pulsations in the occiput, which are frequent symptoms in such patients. It is a splendid deep-acting remedy, and I have found it of use in the higher as well as the lower potencies. Phosphorus suits especially those cases where the prostration is very sudden, where weak spells are frequent and the nervous system becomes easily exhausted. somewhat similar in mental depression, disinclination to work and general debility, where the least exertion is attended with fatigue, but it seems to me to be less useful than phosphorus in cases of long standing.

Phosphoric Acid. This remedy is to nervous debility what iron is to anaemia, and corresponds to that debility arising from continued grief, overexertion of the mind, sexual excesses, or indeed any nervous strain on the body or mind. The remedy is characterized by indifference, apathy and torpidity of body and mind. There is burning in the spine and limbs, and the patient is inclined to be drowsy and listless. An attempt to study causes heaviness in the head and limbs.

It suits also young, rapidly growing people, and especially cases of nervous depression from spermatorrhoea.

Picric Acid. This remedy corresponds well to the brain fag of business men who become depressed and wearied from slight fatigue. It is rather a mental inactivity, with a desire to lie down and rest. The great characteristic is that slight exertion brings on exhaustion and headache, incapacitating for work and extinguishing that quality we call grit. Even the slightest mental exertion causes heavy feelings and sensations of heat. The headache may be frontal or occipital, or may extend down the spine. In the morning there is a tired feeling, a tired aching in the lumbar region, the legs are heavy and weak, with soreness in the muscles and joints. It is one of our best remedies in neurasthenia.

Silicea. A remedy often neglected is silicea. It corresponds to nervous exertion when the patient dreads any mental or bodily exertion. He must get warmed up to his work before he can do anything, he is debilitated yet hyperaesthetic. There is numbness in the toes, fingers and back, and the constipation peculiar to the drug is present. It suits cases that become exhausted after excitement; as long as the excitement lasts they feel well, when the excitement is over the wretched feeling appears. How well this pictures certain cases of hypochondriasis!

Nux Vomica. This remedy is useful in irritable, oversensitive patients with defective memories, loss of energy, patients with whom everything goes wrong, trifling ailments are unbearable; there is with all this an intellectual incapacity and insomnia, night mares, and if all these conditions are associated with dyspetic troubles the remedy is all the better indicated. Pulsatilla vies with nux in the neurasthenia of men and is often neglected. It has sensations in the back as if tightly bandaged, the weary feeling in the morning. There is a general fatigue, heavy tired aching not relieved by repose. Its general symptoms indicating venous stagnation should be present. Sepia, too, should not be overlooked, its general tired paralytic state corresponds to neurasthenic conditions. Anacardium may be well compared with nux—it has weakness of memory and general feebleness of brain power. The mental incapacity of this remedy is very pronounced. It suits "borderlanders" between neurasthenia and insanity.

Zincum Metallicum. When in consequence of exhausting diseases the recuperative powers are weakened and the nervous weakness shows itself in backache about the region of the last dorsal vertebra and excessive fidgetiness of the feet, zincum may be prescribed. There is burning in the spine, formication in the calves and weak limbs. A combination of this and picric acid, called zincum picratum, has been found useful when the spinal symptoms and exhaustion are prominent. Zincum phosphide, recommended by Hale, is also a suitable remedy for the brain fag of business men who become haggard, pale and sleepless, and suffer from depression of spirits and worry. I have not seen lasting results from the use of this remedy. I have come to look on strychnine as harmful in most cases, and those that have had it are much more difficult to cure.

Natrum Muriaticum. A very valuable remedy in neurasthenia, especially suitable for the spinal form. The small of the back feels paralyzed in the morning on rising, the feet are heavy, there is trouble-some dribbling of urine, dryness of the mouth, sticky secretions and the skin looks dry and mummified. Selenium has a usefulness in neurasthenia from sexual excesses with dribbling of prostatic fluid. And helonias should not be forgotten in neurasthenia with a weak lumbo-sacral region. It is especially useful for women who feel tired all over and all the time.

There are many other remedies that will suggest themselves by special symptoms, but the foregoing are those that have served me best and most frequently. I cannot, however, too strongly urge the separation of the patient from his friends and surroundings, get him away from those who are wont to tell him how poorly he looks or even how well he looks. It is important that he be encouraged, that he be not allowed to think of himself. Such patients nearly always do well in quiet, home-like hospitals, sanatoriums or on sea voyages or travel. Keep them busy is the watchword.

DR. CLEMMER: The last two papers come to me in peculiar conjunction. The last essayist presents a disease without known pathology. Its symptoms are largely subjective, representing mental and emotional states. Treatment by drugs alone is unsatisfactory. Like other writers on neurasthenia he advises measures whose virtue.

I take it, lies in mental therapy. In this disease drugs should be given with a view to their psychological as well as to their dynamic effect.

I would not presume to discuss the paper of the first essayist, who is a matchless exponent of psychic truth. His paper is a model. The psychological equation represented by a circle is a beautiful presentation of a vexed problem.

Note the difference in the two papers. Both consider the conditions of consciousness. The one, however, sweeps the entire circle; the other is confined to the lower segment. Disease in either arc may arise from a morbid process in the other. More functional and nervous diseases are due to psychic causes than is usually allowed. would know the value of mind-force, either in health or disease, we must study medical psychology above the equation line with the same . zest we study physical medicine below that line. The great trouble with the medical profession has been that it is not far advanced from the domain of physics; the patient is a mere physical automaton. Anatomy and physiology are the limit, but these do not teach meta-The lower segment, in Dr. Buck's equation, has received all attention to the neglect of the upper. The new Psychology, written and discussed in recent years, is making wonderful strides and revelations. In a few years more text books on mental philosophy and popular theology will be rewritten. Medicine will take on a like modification to conform to accepted truths in psychology. A knowledge of psychology will make better teachers, preachers and doctors.

It seems reasonable and homeopathic as well to treat psychic disease, or diseases of psychic origin, with psychic agencies. In every community faith-healers are absorbing our prestige and fees. We may deny their doctrines and theories, but not their cures. There is a therapeutic agency in the mental composition of man. When we know more about the spirit side of man we will appreciate psychic therapy. Organic functions are under control of the subjective faculties (above the line), as instanced by suggested anaesthesia. These faculties are amenable to suggestion, as demonstrated by hypnotism and other subjective states. Morbid processes, mental and physical, are controlled by suggestion, as shown by practice. The law of suggestion, in universal control of psychic phenomena, is a therapeutic agent. The faith cure people employ this agent without recognizing its nature or limitations, yet it is astonishing to know how rapidly this mental healing

business is spreading among the people, and if we would do our full duty toward our patients we should extend the art of healing by giving due attention to mental influence as a therapeutic agent.

Dr. Buck said that there are three points to consider in this subject. First, the physical body and its condition; second, operations of the mind, and third, the point where the efficacy of our medicines comes He had discovered that in most cases of neurasthenia the patient had a bad stomach, the patient eats inordinately. Bad food, or when improperly prepared, will produce neurasthenia. Then again he had found conditions of neurasthenia in those who had not eaten at all. Relief had been brought about by the injection of hot water, which acted simply as a soothing influence and favored the elimination of effete matter; and that by the selection of proper food, Mellin's Food, or Malted Milk, or something of that order, and regulating the habits, the neurasthenic trend was removed. At the same time give the mind something else to do. Change the diet, surround the patient with proper hygienic means—as was referred to in his paper—and great good will ensue. Each remedy of our materia medica has its own peculiar vibration, which it induces in the healthy and which it will re-induce in the sick. It beats in time with the health of that individual body. Now, if the physician attends to the hygiene of the body, removes obstruction and gives food that the patient can assimilate; and if, in addition, it be possible to direct the form of thought, he would soon restore the exact healthy vibration in the patient, and the neurasthenia would disappear.

Dr. Biggar spoke in compliment of the two preceding papers—the psychological essay of Prof. Buck and the more materialistic paper of Prof. Dewey. He wishes especially to refer to three or four of the remedies mentioned in Prof. Dewey's paper. For neurasthenia Dr. Dewey suggested phosphide of zinc. With this remedy Dr. Biggar has had good results, particularly in brain fag. He believed picric acid to be one of the best of the nerve medicines. Phosphoric acid is another which he classed as a rejuvenating agent. It is a valuable remedy. Another remedy was helonias, with which he had some recent satisfactory experience. Was called in consultation, to see a young lady of 17 who had been ill for several months. Four weeks ago she was voiding two gallons and one pint of urine every twenty-four hours, containing nearly thirty grains of sugar to the ounce,

making in all nearly seventeen ounces of sugar passed in twenty four hours. She was virtually a sugar fiend, for since Christmas, three months, she had eaten sixteen pounds of candy, which may account for the enormous quantity of sugar in the urine, and may have something to do with the large quantity of water passed every twenty four hours. Helonias promptly reduced the quantity of water, as well as that of sugar.

DR. CAMERON: It seems to me that there is some remedy in the book spoken of in this respect—the Hudson book—that every man has several spiritual dualities—two at least. Dr. Buck, however, does not recommend that part of the book, believing that the latter part of the book does not keep in line with the introductory part. The theory, it seems to me, is indeed all theory, and has not been sufficiently demonstrated. I have had good results, speaking now of the neurasthenic part, with secale cornutum and saw palmetto.

Dr. Maxwell: One remedy which in these cases gave very beneficial results, and which seems to have been overlooked, is static electricity. No other single remedy has given me the same results as electricity.

Dr. Arndt asks the dosage of the remedy recommended. Also that the essayist indicate the attenuations most frequently used, and give his opinion concerning neurasthenia and neurosthenia.

Dr. Dewey answers that he knows no difference between neurosthenia and neurasthenia. He agrees with Dr. Clemmer that there is no pathology to the disease. As to the question of potency he is content to leave that to the practical experience of each physician. When he first commenced the practice of medicine he gave the lower potencies, but later he had advanced some in the line of potencies. Has used phosphorus in the thirtieth, and recalled one case of a clergyman in which he gave the sixth.

ACUTE DEMENTIA.

By W. B. CARPENTER, M. D., Columbus.

My attention has been especially called to this trouble lately by its development in one of my patients, a woman nearly sixty-five years During and following the long attentions incident to an exacting chronic illness in her family, errors in memory were first noticed with at last its comparative loss. No melancholy was noticeable at any time or suicidal tendency; she will sit for a long time in any position assumed or given without reference to surroundings; apathetic, vacillating or self-absorbed; the appetite is large and nutrition of the physical organism is fairly good. There seems to be no doubt as to the diagnosis, and proper hygiene and treatment are aiding in restoring what was lost. Here certainly was an acute condition, with no reference to ailments of her own or any state that pre-existed to lead to it. This brought to my mind the fact that this trouble is too little understood or noticed in some cases, and the further fact that it is often confounded with melancholia cum stupore. Dementia is mental impairment acquired, in distinction from amentia or imbecility where mental power never existed, at least to any extent. In dementia there is enfeeblement of the intellectual, emotional and voluntary powers, and it may and often does come on as a primary disorder. Strange as it may seem, this disease is scarcely ever seen as a primary or acute trouble after thirty years of age, and before that age we can and do see it frequently, even down to quite young children where it many times is not properly recognized. It occurs in both sexes, though mostly in By these facts it would seem that dementia depends mostly upon exhausting influences operating at a period of rapid physical growth, where nutrition must both produce new tissue and repair waste in that that is already at work in the body. So the pathological condition here is an "empty storehouse" of nerve energy-exhausted gray matter, anything then will produce dementia that empties excessively these stores or diminishes the restoring what has been expended. We can thus easily recognize as causes of this malady overtaxing the brain and nervous system, shock, fright, grief, injury, terror, anxiety, sexual disorder or excesses, disease, or a tedious routine where there is no variety or spice in life, and where new ideas are not allowed to

come. In the case of children, the "bright children" who attract attention by their learning and memory, and are bright beyond their years, their natural gifts are forced till disaster follows. The child is born into a hurried life—every thing is noise, rush, bustle and confu-They are pushed through and away from the food and care of infancy, are early sent to school where the forcing still goes on, or are soon sent to the mills to live and work in monotonous surroundings requiring monotonously repeated bodily movements. Just at the time when the developing and yet unstable and irritable nerve centres are greedy for the care, rest and nourishment fit for growth and evolution, our vouth must meet the excitements, stimulants or depressants incident to the conditions of modern life, is it any wonder then that we have such an-army of neurotics, many times dements? Remember it takes relatively small lesions in nerve centres to produce grave results. As illustrating one cause mentioned for dementia, I want to cite a case just related to me in my home city: a bright, normally developed fiveyear-old child was punished by having her head thrust under cold water. The shock and fright immediately dwarfed her mental power so that she is still as childish as at that time, while the body has kept pace in growth with her nineteen years of life. A certain fatuity is seen among the sequelæ of numerous diseases, notably typhoid fever. especially where the delirium was prominent, where a faulty memory and childish manner will be the distinguishing features. Malaria, masturbation, cigarette smoking, rope jumping are others of the anaemia-producing and nerve-exhausting diseases and practices that induce forgetfulness, listlessness and other conditions that will grow and grow until fatuity or dementia is reached. In children the symptoms are of one general form, but vary in degrees. In the milder cases they do not seem so bright, they do not work or talk so easily or accurately, are vacillating; there is no self-confidence, no energy; they are confused; apathetic, indolent, emotional or silent, self-absorbed, answering petulantly only in monosyllables if at all. The more aggravated cases are stupid: no conscious attention, movements automatic, speech silly, erratic or incoherent, memory unreliable, expression perplexed and vacant, negligent of themselves, their meals and their surroundings. Feeble heart action with hyperæmia and swelling of the extremities are marked external symptoms, as they are of every case of dementia. In older persons the symptoms are divided into twoforms according as there are delusions or not, the delusional form seemingly being less rapid in its development. The anergic (without force) form shows a rather rapid onset, and the patient is apathetic, yet contented, with no marked interest in his surroundings; instead of the assertion there seems to be the negation of power; no energy; they have a routine of life and do as they are told; sit maybe for hours in the same position in which they are placed, or possibly they are resistive and will not move when asked and will return mechanically to their place after they have been forcibly removed. Herein they simulate catalepsy, and though seemingly conscious, after their return to health they cannot remember any such thought or want of thought or action as has just been mentioned. Features are relaxed and passive, eyes vacant and not fixed, pupils dilated, motor system weak, reflexes dull, emaciation, patients dirty, completely forgetful, apathetic and cataleptic, showing cyanosis and the tache cerebrale. delusional form we can almost think that we have an example of autohypnosis. The patient does not respond to the world, but will attend to his own nature; will show some stubborn muscular resistance when they are touched, and will move when they are pushed along; they do not pay attention to what is said to them, but in case of recovery they can tell of these things and also of the delusion that was present at the beginning of their trouble. This shows comparatively little permanent mental impairment, and a fair memory. The features are contracted, eyes fixed up or down or closed for long periods of time, pupils contracted, less vascular derangement; food usually refused; the patient can stand pain more than usual and will pay no attention to flies crawling over the body anywhere; pulse shows great tension, reminding one of an arterio sclerosis—and this does exist in fact in many cases.

Referring again to the pathology of the disease, we can say there is an acute, interstitial inflammatory state of the central nerve cells (chiefly motor) with swelling and displacement of their nuclei. This gives rise to cerebral oedema. Degenerative changes follow later, and the amount of mental impairment is measured by the amount of inflammation or atrophy or destruction that the nerve cells have undergone. The more acute the attack, speaking generally, the better will be the prognosis, which is also the case when there is an absence of delusions.

In some of these cases the cloud has been raised and serious bodily symptoms, more particularly of the lungs, will be left. By close study it will be easily seen that there is a great difference between the malady under consideration and melancholia cum stupore, with which it is most often confounded. In few words, the following classic distinction between the two will be found useful:

Melancholia Cum Stupore.

Acute Dementia.

Onset rapid. Onset more slow.

Nutrition fails. Nutrition often good.

Complexion, yellow. Complexion, normal.

Sleep, bad. Sleep, good.

Opposition to all movements. Passive, or less resistive.

Refuse food. Voracious, except in delusional

form.

Suicidal. Not suicidal.

Memory after recovery. Memory absent, except in delu-

sional form.

These do not pass one to the other and "stupor without consciousness with no mental depression cannot end in stupor with consciousness with mental depression.

When it comes to treatment the greatest latitude and good judgment are needed. Constant personal attention is what is needed, consequently it is better many times to not consider asylum treatment, thus avoiding the shock and fright of life in such surroundings. Good hygiene, pure air, proper diet and exercise constitute a very large part of the treatment. Rest, sleep, nourishing food at frequent intervals, and forced exercise with a cessation of whatever has been a contributing cause, will do much to repair and restore. Baths—shower, prolonged and Schott—will be most beneficial. Also Galvanism and massage to aid the circulation. An important aid is warmth, even to a degree that many would call excessive. Speaking of rest, it is many times wise to keep the patient in bed the greater portion of the time during the early part of the treatment. Aconite, gelsemium, opium, phosphorus, phosphoric acid, kali phos., cinchona, arsenicum alb., aurum, nux vom. or strychnia, ignatia, anacardium, are among the

remedies that promise the most benefit, but the selection can only be made when the symptoms at the time of prescribing are fully discovered.

This incomplete paper follows several cases under observation lately: the one referred to at the beginning, occurring at the unusual age of sixty-five; one at fourteen, in a girl naturally bright, pushed through a hot-house development till many signs of mental impairment appeared; and another one in a little four-year-old, bright and interesting as the average child, who was shut in a dark closet for punishment and was literally "scared out of his wits." I know the experience of every practitioner can supplement largely this report, and discussion and study and proper differentiation of dementia in its primary or acute form will put us a step farther in the treatment of many of these peculiarly distressing cases.

Dr. Buck said that it seemed to him there are two classes of cases referred to in the paper which are perversions of two distinct faculties in man. Dementia is a disease of the will, while melancholia is a disease of perception. The difference is that in dementia you have pure negation or disease of the will; while in melancholia you have a positive obscession (?) of the individual by illness or delusion or both. In these cases if the will can be roused the patient can be made well. The child rendered imbecile by the shock of cold water to the cerebrum—that, of course, cannot be made well for it resulted from a physical shock.

PATHOPHOBIA.

By J. A. GANN, M. D., Wooster.

I crave the indulgence of the Society for the presentation of a subject concerning which they know so little, and concerning which it is only probably I know much less.

So obscure is its pathology that I was under embarrassment in determining to what bureau to assign it, as its real character has not been definitely determined. My judgment led me to assign it to the bureau of legislation, but as that is not represented on our program I chose a subject for it that lets it slip in in the Bureau of Neurology. I found some excuse for this from the fact that its real character has not been definitely determined.

It is a condition that possesses both psychological and physiological characteristics; and so active does it become in its manifestations that it affects both the religious and the political sensibilities.

Both sexes are subject to it, though it affects males predominately, and strange to say, it is members of the medical profession that are especially liable to its attacks.

It is undoubtedly of microbic origin, for it seems to possess both infectious and contagious properties, and yet its exact nature has thus far eluded that accuracy of description that permits its classification.

We can trace it back at least one hundred years; and it seems then to be of German origin, but what the original sire and dam of that microbe were I am unable to discover, though it has been *sired* and *damned* many times since.

As prevalent as is the condition, I can find no text-book of any school that even alludes to it; nor do I know that from the platform of any college our professors give it any special notice. And yet, almost annually, especially in the early spring months, does a more or less severe attack make itself apparent.

I believe that it would assume the role analogous to the phagocyte of the general circulation; that is, it would devour all microbes inimical to its own existence; and yet so futile have been its efforts that the other wicked microbes multiply ad infinitum.

That other wicked microbes do exist is evident, and that the pathophobia microbe aims at their annihilation is also true, but its

method of attack has been so antagonistic to the spirit microbic action that the wicked microbes laugh at the medical members and continue to increase.

The three leading schools of medicine have even called upon the legislatures of the several States to help them accomplish this work of annihilation; but thus far legislatures have laughed at the doctors, or so amended their requests as to make the laws enacted largely inoperative or ridiculous.

Somehow the fundamental principles of a republican form of government have been so interwoven with legislative ideas that they look upon any move that questions the right of any sect or man to follow that which promises him the most of life, liberty and the pursuit of happiness as partaking of the nature of class legislation, and which they consider inimical to the development of the best in individual or in sect.

Agitation thus but fans the flames that warms the germs from which these many pathies are hatched; and the medical profession seemingly stands watching and waiting the results.

It little becomes the followers of him who a hundred years agotrudged from city to city in the old world sowing the seeds of that party that has revolutionized medical practice to ask for State aid tomake their work abide or to suppress any form of competition.

Let us leave other parties alone, and mind our own business. It is love's labor lost to tell a people they are being imposed upon when they say their consciousness does not confirm our statements.

Witness the number of pathies that have sprung into existence within the past score of years—from Christian science to Dowieism—since the leading schools of medicine have been asking for legal prerogative in the healing art; and that the people may be protected from that concerning which they have asked no protection.

But I do believe in medical legislation—of the practical kind. I do believe in the State insisting that every practitioner of the curative art shall publicly proclaim by registration his mode or faith of cure. And I look upon the insistance of any special, or already established methods as subversion of the principles of individual liberty; and as subversion of as true development in medicine as the legal prescribing of a fixed creed in the domain of theology.

All the legislation I would ask would be that such a curriculum be established and such a degree of proficiency guaranteed therein that a diploma from such a school would be a sufficient passport to the best judgment of any community, and that the applicant for professional recognition was worthy the confidence of those who might seek his aid.

I would have an examining board, not primarily for the applicant, but for the medical college.

I would make the requirements so strong that only men who possessed recognized ability should occupy its chairs; and whose presence would be a guarantee of the character of the man they would recommend for graduation.

I would have its faculty in no way connected with the business management of the college; only responsible to a board of control composed of two classes: 1. Physicians elected by the alumni; and 2. Thorough-going business or professional men (not medical), also elected by the alumni. This board of control should examine by its appointed representatives, or censors, all applicants for graduation (not admission); and their judgment to be final.

I would have a State examining board of physicians, which should be both elective and appointive. The Governor of the State appointing as he has done; and this number to be complemented by an equal number elected by the alumni of each college in the State.

Should the number of the colleges in the State render such board unwieldly, the alumni of the different colleges of like practice to unite in making the selection.

The special function of this board of examiners should be to have a censorship over all medical colleges in the State; and to prescribe the preliminary requirements of all applicants; which should be the same for all medical colleges.

Thus I would make the work of the State board at the beginning of the medical course; and make the alumni of each institution responsible for the grade and character of the men they permit to practice—by graduating them.

DR. HUNT: I do not believe Dr. Gann thoroughly understands the new medical law. The Love bill, which has passed both houses, is now a law, and in order to thoroughly understand it one must have

worked down there at Columbus in the State House more or less during the winter in the interests of the Legislative Committee of this Society, as I have done. The Love bill was brought about—the cause or needs of it, probably—by the fact that thirty-two States in the Union have examination laws and that most of the applicants for registration before the board the past year have been those who have been unable to pass the examination in other States, making Ohio really the dumping grounds of the United States for mediocre medical practitioners. This is the probable cause of the Love bill. Now the bill itself provides for the very things which Dr. Gann speaks of in his paper. In regard to the preliminary examination, the bill provides that a physician coming before the board for examination hereafter, before he can be examined, must show to the board, in his application, his eligibility. He must produce at least one of the following credentials:

"A diploma from a reputable college granting the degree A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by any State board; a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college; or a certificate of his having passed an examination conducted under the direction of the State board of medical registration and examination by certified examiners, none of whom shall be either directly or indirectly connected with a medical college, said examination to be held simultaneously in Cincinnati, Cleveland, Columbus and Toledo, and the questions submitted to be uniform at such places."

BUREAU OF SURGERY.

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LACINESIS IN SEPTIC PAROTIDITIS.

By H. F. Biggar, M. D., Cleveland.

Septic parotiditis as a sequela of general septemia has been and is now regarded by many of our old school friends as a fatal development. There is very little literature upon this condition of the parotid gland. Every form of the disease is given in surgical text books with the exception of this. A few years ago a London surgeon reported a case of septic parotiditis following the removal of an ovarian tumor, and this experience he regarded as unusual and interesting. Mild inflammatory disorders of the parotid gland have followed operations on the ovaries, but very seldom have there been septic conditions; and when they did appear the recorded cases generally resulted fatally.

Lachesis is a valuable remedy in general septic conditions. I have found this ophidian remedy a strong rival of calc. sulph. in pyosalpinx. It is said to be a remedy for disorders of the left side, yet in an experience of five cases only one was of the left gland. The following cases were cured with lachesis, their history may be of interest:

Case 1. A lad aet fourteen, an athlete, injured his right shoulder while a competitor at a pitching contest. This injury was followed by suppurative arthritis of this joint, suppurative synovitis of right knee, necrosis of right humerus and right tibia, complicated with purulent effusion of right pleura, and with septic parotiditis of right gland. During a period of two months the patient had in all sixteen operations, under an anesthetic, for osteotomy of humerus, tibia and fibula and drainage of knee, besides having seventy three abscesses opened. The

right lung and pleura were involved, necessitating thoracic paracentesis. His illness extended over a period of several months. was freely stimulated with whisky punch, large doses of quinine and strychnia, the sustaining treatment of the old school, also arsenicum and other remedies as were thought to be indicated. When the parotiditis was at its height, the consultant, a very able old school surgeon, gave a very unfavorable prognosis, stating that "he never knew a case of septic parotiditis to recover," and sustained his decision by naming some of the leading surgeons in this country and England as authority for his opinion. He fully agreed with the treatment, and remarked that "that was all that could be done." In addition to this treatment, lachesis, 30 x, was given. For weeks the case was very desperate, but finally recovered. I think there can be no doubt that lachesis was the saving remedy. This patient lived in the neighboring town of Wellington, where for weeks I visited him almost every evening. morning I received a report by telegram of his condition.

At our club lunch the doctors had a round table especially for their service; at this coterie I was the only "irregular." The consultant was one at "our mess," and was interested in the daily reports, as well as the other doctors of "our set." The symptoms, pathology and treatment, were freely discussed, with the usual ending that "your patient will die, for none ever recovered with septic parotiditis." When convalescence followed they were amazed; they knew that the patient had been treated according to their sustaining methods, which had heretofore been unsuccessful, and were surprised at the recovery of the patient. I then told them that in addition to their approved treatment, lachesis had been added. Many were the witty sallies, pleasantries, gentle sarcasms and remarks, slightly tinged with ridicule, as to the efficacy of the "only two drops of lachesis ever secured" for all the future preparations of this remedy. Nevertheless the result proved the value of the remedy.

It is surprising that our good brethren of the regulars will not be convinced, especially after they have seen the splendid results of attenuated remedies, well selected, in desperate cases when the proof is so positive of the efficacy of their use. What should be more convincing? When croup is cured with a few doses of veratrum viride, and congestions with secale, 3 x; when capsicum aborts pus formation of the petrous portion of the temperal bone, and glonoin instantly relieves

certain kinds of headache; and when gelsemium and rhus tox. control toxic fever, and phosphorus, cc., has relieved the nausea of pregnancy (when the leading gynecological masters of the old school asserted that the only possible relief was in abortion), and when the great success of homeopathic remedies in pneumonia, and so on, are as frequently noted, I conclude that there are "none so blind as those who will not see." Homeopathy has not only sense and science in the administration of drugs, but what is of more import, it has the success.

Of course my good friends, the doctors, were not willing to give the *lachesis* the credit for the cure. Their objections reminded me of the story of the two sportsmen who went fishing. At the close of the day they returned to the yacht in separate boats, with the spoils. One was more successful than the other. The unsuccessful gentleman began criticising the method of the other, in the way he held the rod, in the care of the reel, and the proper way to play the fish. The master of the yacht came to the relief of the attacked, "His methods are all right, look at the results, he outnumbers you in fish."

- Case 2. Gentleman, aet fifty-two. Suppurative synovitis of left knee, the result of sewer gas poisoning. Septic parotiditis developed. The same consultant as in the former case was called, his prognosis was unfavorable and he advised immediate amputation of the thigh as the only hope. The usual quinine and stimulants were freely given with the addition of lachesis, 30th. Result, recovery with anchylosed knee.
- Case 3. Gentleman, aet fifty six. Septic parotiditis following prostatic abscess, under the care of the old school. I was the consultant, and advised *lachesis*, 30th, in addition to his stimulating treatment; it was given—the patient recovered.
- Case 4. Miss P., aet thirty-four. Laparotomy for tubercular ovaries, tubes, and mesenteric tubercular abscess—a very desperate and critical case for three weeks after the operation. Septic parotiditis developed very rapidly, for in three hours the right gland was swollen to its full limit. The usual quinine and stimulants were resorted to, also lachesis, 30th. Recovery, though convalescence was very prolonged.

The relationship between the parotid gland and the female sexual organs is well brought out by Dr. Goodell in his article, "Inflammation of the Parotid Glands Following Operations on the Female Genital

Organs," reported in the Gynecological Transactions for 1885. The following excerpts are interesting:

"A close kinship has long been observed between the sexual organs of adults and the cervical salivary glands. Salivation often occurs as one of the phenomena of pregnancy. I am now treating in my private hospital two ladies for nerve exhaustion. One has excessive salivation just before and during menstruation. In the other, who has a tender and congested left ovary, the left parotid gland does not secrete during menstruation, and then the mouth and fauces on that side are dry and painful. The thyroid gland so frequently swells after marriage, or during menstruation and pregnancy, that Meckel regarded it 'as a repetition of the uterus in the neck,' a sort of cervical womb. Nor was this kinship, overlooked by laymen. The ancients recognized conception by the amplitude of the neck, and the Roman matron casts a fillet around the bride's throat before and after the nuptial night, in order to discover whether marriage has been consummated This same sympathetic relation exists in the lower animals, for I have been informed that some horse-breeders measure the necks of their mares before and after they have been covered, to determine whether the intercourse has been a fruitful one.

"The metastasis of mumps to the sexual organs in adults of both sexes is another remarkable evidence of this kinship. In the male the testes become secondarily affected. In the female, the breasts, the ovaries, the womb, and the labia, are the organs in which the sympathetic transference takes place. But the mumps is merely a simple febrile engorgement of the parotid gland, and febrile congestion, or fluxion, in it, and in the sexual organs to which it has been transferred, it usually ends in resolution, very rarely indeed in suppuration. True it is, that mumps is a contagious disease, and that a micrococcus has been recently discovered by Ollivier, in the saliva, which is eliminated by the kidneys, and which possibly in a measure explains the metastasis of this glandular affection to the testicle; but it fails to explain why the female breast and the ovaries are singled out.

"During the latter stages of acute specific fevers it is not uncommon to meet with parotid bubo, a septic inflammation of the parotid gland, ending very generally in suppuration. This form of parotiditis is not deemed sympathetic, but symptomatic—symptomatic of a poison

in the blood which has exploded in the parotid glands. Yet I am not sure that an element of sympathy does not exist even in this form of suppurative parotiditis, and that the parotid glands are not preferably attacked when the septic fever starts from lesions in the sexual organs. For instance, prolonged cases of puerperal septicemia are liable to suppuration of the parotid glands. Of such cases I have seen several in my own practice and in that of other physicians. Of these only one recovered.

"Parotid bubo seems liable to follow ovariotomy whenever sepsis has taken place. Thus, in two hundred cases of ovariotomy performed by Schreoder and reported by Morkie, five cases of parotid bubo took place, with two deaths. Out of one hundred and fifty-four cases of ovariotomy performed by myself, I have had one of parotid bubo, in which on the ninth day there was a slight rise in temperature and her left parotid gland began to swell. In three or four days it suppurated, and I opened it by free incision, yet it burst also into her ear. She died on the thirty second day.

"This being my third case of pseudo-mumps following the removal of the ovaries, it made a great impression on me. I felt satisfied that it meant something, and that the parotiditis was not a mere coincidence, but that some mysterious relationship existed between the sexual apparatus and the parotid glands."

Young man, aet thirty-two, who had been very dissipated, as well as an excessive cigarette smoker, developed carcinoma of sigmoid flexure of colon. I performed Kraske's operation, which was followed with parotiditis of left side. At the first symptom of parotiditis, gave lachesis, 6 x, when it shortly disappeared. This patient had the severest case of hiccoughing I ever witnessed. remedies were tried before relief came, such as moschus, amyl nitrate, of which he inhaled over two ounces during a night, before there was even temporary relief. Spraying the epigastrium with ether, alternate applications of heat and cold to spine or stomach, ice to lobes of ear, a tight bandage over the diaphragm, pressure over upper lip, pressure over descendens noni, a morsel of sugar dipped in vinegar and placed in the mouth, sneezing induced by snuff or a feather, secale, tincture of iodine, three drops in water every half hour, nitroglycerine, full doses of quinine, all were tried, my resources were nearly exhausted,

but the greatest relief came from constant hard pressure over forehead and back part of skull. He lingered for weeks and then died from the cancerous degeneration.

I trust that the narration of some of the clinical experiences with those suffering from septic parotiditis will not be without profit. I believe the sustaining treatment is very necessary in conjunction with the *lachesis*, the curative remedy; and after an experience with five desperate cases of septic parotiditis I think that I should have confidence in the curative action of *lachesis trigonocephalus*.

FISSURE AND IRRITABLE ULCER IN ANO.

By C. A. PAULY, M. D., Cincinnati.

Fissure in ano may be considered quite insignificant, yet it causes more pain, more worry, and more irritation to the nervous system than any other disease of the body, where the pathological conditions of the part affected are so minute.

The principal cause of fissure is constipation. Those who suffer with it have or will have fissure during some part of their lives. Fissure is more frequently found in women than in men, because more women are constipated. Some of the other causes are diarrhea, hemorrhoids, polypi and diseases of the uterus, bladder and prostate.

Fissure may be the sequel of confinement, and is sometimes caused by uterine displacement, namely anteversion and retroversion.

Fissure of the anus is found in infants. When the baby shows signs of pain on evacuation of the bowels, and the presence of a trace of blood mixed with the feces, we may suspect fissure.

The location of fissure is near the margin of the anus, at the junction of the mucous membrane and integument, usually in the dorsal position. It presents itself in the form of a crack, rent or groove, which is caused from straining at stool and the passage of large and indurated masses of fecal matter. At first the rent in the mucous membrane may be very slight. If the exciting cause, such as constipation, is not removed, the fissure has a tendency to enlarge, giving space for the deposit of fecal matter and discharges from the rectum. As the result of this source of irritation, the edges of the fissure become

inflamed and indurated, the base looks red in the acute and gray in the chronic form.

Fissure and irritable ulcer are both due to the same causes, present the same symptoms and are known as one and the same disease. Yet the irritable ulcer differs somewhat in location and appearance. Its location is at the lower border of the internal sphincter, in one of the sacks of thorner; and in the folds of an external hemorrhoid. It is circular, oval or irregular in character, while the fissure is a narrow rent or groove in the mucous membrane in the anal margin.

Under the head of symptoms we have pain as the most prominent. The patient complains of more or less pain in defecation. If a nerve is exposed in the fissure, the pain will be most acute at time of evacuation. It will be smarting, burning, sticking or tearing in character; it may cease shortly after action of the bowels or it may continue with severe burning, aching or throbbing for hours, until the patient becomes exhausted and is compelled to lie down.

In some cases when the circular form of ulcer is present, the pain does not begin at the time of defecation, but comes on ten or fifteen minutes, sometimes half an hour later, and becomes almost as severe as the pain of fissure. The location of the fissure has much to do with the severity of the pain. If it is located on the external sphincter and involves some of its fibres, it will excite spasmodic action of the muscles, and contraction of the latter will irritate the fissure, so that the pain will become almost intolerable.

Bleeding from the rectum is a symptom that may denote the presence of piles or ulcers or both together. Bleeding from a painful ulcer will vary. In some cases it is slight. In others quite profuse at the time of defecation. On examination, the blood can be seen oozing from a small ulcer located between the sphincter muscles. Among the reflex symptoms there will be retention of urine, frequent micturition, bearing down pains, pain in the back, coccyx and perineum. Also pain and numbness down the back of the legs to the toes. When the patient presents these symptoms, an examination should be made for fissure. In most cases, especially if the ulcer is of long standing, the patient will be quite nervous. A piece of cotton, saturated with a four per cent. solution of cocaine, should be applied to the anal orifice preparatory to an examination. When the fissure is present the sphincter

is contracted and in some cases hypertrophied. A careful examination should be made along the margin of the skin and the mucous membrane, and in the folds of the hemorrhoids. If there is no fissure at the external sphincter, a speculum examination should be made for ulcer higher up. Often the patient will aid in the discovery of the fissure or ulcer by placing the finger on the spot where the pain is felt.

The treatment for fissure is palliative and operative. The application of astringent ointments and nitrate of silver will cure fissure of recent origin and some of long standing.

If, however, there is spasm and hypertrophy of the sphincter, with fissure, palliative treatment will not be satisfactory. Begin the treatment by having the bowels thoroughly moved. The liver is sluggish in most cases of fissure. The patient knowing the severity of the pain during the act of defectaion will defer the action of the bowels. The constipated movements irritate the fissure and prevent healing. An enema of warm water, followed with the application of cocaine ointment, can be used, and the evacuation will take place with very little, if any, pain.

The parts should be washed with soap and water and the ulcer cleaned with peroxide of hydrogen. Apply a piece of cotton saturated with a four per cent. solution of cocaine. In about ten minutes remove the cotton. A probe, with cotton attached, should be dipped in a five per cent. solution of nitrate of silver, and then applied to the ulcer, followed by the application of a sobthing ointment like icthyol—one drachm to the ounce of vaseline. Treat the fissure every other day. This method of treatment will cure fissure within ten days or two Under operative treatment there are three different procedures—dilatation, division and excision. Dilatation is divided into forcible and gradual. We feel that gradual dilatation is a loss of time, and in order to perform forcible dilatation properly, the patient When such a procedure is should be placed under an anæsthetic. required, why not perform excision by making two elliptical incisions around the ulcer and through the mucous membrane. Remove the diseased tissue and bring the edges of the wound together with catgut. It heals in three or four days and that is the end. After forcible dilatation, the fissure has to be cleansed and dressed with iodoform every other day and sometimes touched with nitrate of silver or balsam of peru before a cure has been made. Division or excision of the ulcercan be performed by local anæsthesia (cocaine). The incision through the mucous membrane and some of the fibres of the muscles beneath the fissure, will be sufficient in many cases to give the muscle rest and induce healing from the bottom of ulcer. The cut should never extend through the entire muscle, unless it is an unusually bad case.

HIP DISEASE.

By L. K. MAXWELL, M. D., Toledo.

It is not our purpose to go into the etiology and pathology of the diseases peculiar to the hip joint, but to deal more particularly with certain methods of treatment.

In the early stages where there is irritation and inflammation, with lessened mobility but no pus, surgeons are almost universally agreed that extension and fixation is the treatment par excellence.

In the more advanced condition, where we find pus in great or small amount and all the other symptoms greatly aggravated, we come to a dividing point in regard to the treatment as viewed by many general and orthopedic surgeons. In many neglected cases there comes a time when excision is no doubt the most rational treatment. At what period and in what class of cases this is necessary is the point where the general and orthopedic surgeons drift apart. orthopedic surgeon we have one who has learned the great value of conservatism in the treatment of their class of cases and who does not resort to the knife on slight provocation, or until he has given other measures a thorough trial. In the general surgeon we have one trained and skilled in the cutting art, and who, alas, is too frequently any thing but conservative. He sees here a diseased joint in which there are serious pathological changes and the suppurative process well developed, and he hopes, through the thorough evacuation of the pus and the removal of the diseased portion of the bone and soft tissues, that he may effect a speedy cure and have a fairly useful limb. operates, and what are the results? In severe cases, where the operation is indicated for saving of life, the mortality is quite large, but in the less severe the mortality is very light. He sees weak, anemic,

emaciated patients gain rapidly in flesh and strength, and have good prospects for a fairly useful limb. Later on he finds, in many cases, that his surgery has not been thorough enough, or that in doing it he has infected new tissues, and in some cases there may even follow a general infection, and the last condition is as bad or worse than the first.

In a large portion of the cases of milder type in which he gets good results he has succeeded in doing no more, and in many cases less, than his more conservative orthopedic friend. It is rare indeed that secondary operative work does not have to be done where excision is practiced, and one center of growth is always removed in such operations, and the limb does not develop to the degree that it would if treated otherwise. The method of excision in such a large per cent. of cases, as practiced a few years ago, has been proven to be bad practice, but alas, too many general surgeons are slow to appreciate it, and it remains for the orthopedist to convince them of their error.

Our orthopedic friend will exhaust every means for effecting a cure before he resorts to excision. For a short period this class of patients make great improvement, in bed, and in those cases that are not too far advanced repeated aspirations alone, or with the injection. of iodoform emulsion, after removal of the pus, will cure the abscess. and while using this treatment you can have them in bed, and apply extension with Buck's apparatus to great advantage. After the abscess is cured you can apply a well fitting apparatus selected from the many designed for such cases (one of the best of which we believe is the Phelps), and through this means get your extension and fixation. Almost every abscess of moderate size can be cured in this way, and if too large to yield to this treatment can be incised and drained in that way. In doing this class of work perfect asepsis should be observed, both at time of operation, and in case of incision, at time of each dressing, for without this there is danger of getting mixed infection and doing great harm.

Throughout the treatment of these cases we should use every means to improve nutrition and build up our patient. The diet should be liberal plain and nutritious, and any errors in digestion should be carefully looked after and corrected. The patient should be out of

doors as much as possible, and in case of inclement weather and a delicate patient the house should not be stuffy and foul, but well ventilated. In these delicate, poorly nourished patients static electricity will prove of the greatest value for equalizing the circulation, stimulating nutrition and quieting nervous irritability. It is a pleasure indeed to watch the flush come to the pallid cheek of the little one under positive electrification with a large Holtz machine.

Results do not come speedily in these cases, and we must learn to watch and to wait, knowing that at the end of from two to four years in most cases we will be able to remove the splint, and send our patient out with less deformity and a more useful limb than he could possibly get had we treated him less conservatively.

In conclusion I will give the history of a case which shows the value of conservative treatment.

On March 3rd, 1899, I was called to examine Miss F. T., aged seven years, of Petrolea, Ont. Three months previously she began to limp and complain of pain in left hip joint. At first her parents did not pay much attention to it, but as it steadily grew worse they took her to the family physician, who diagnosed hip disease, and immediately had her begin the use of crutches. She steadily grew worse, and he put her into bed and applied Buck's extension. After two weeks of this treatment they brought her to Toledo. On examination I found the joint extremely sensitive and considerable thickening of the tissue about it. The limb was considerably flexed and adducted, and for at least one month she had not had a night's sleep without crying out frequently in her sleep on account of the severe pain in An abscess had formed just above and beneath Poupart's ligament, which contained about two ounces of pus. She was pale, anemic and emaciated, and very peevish. The day before calling me they had consulted the leading surgeon of the so called Regular School in our city, and he advised them to send her to the hospital and let him excise the head of the femur. They did not approve of his method of treatment, so consulted me. I told them that I believed I could cure her if they would let me have her for six months, and they consented to do so. I aspirated the abscess three times, and used the iodoform emulsion, and at the end of about six or eight weeks had cured the abscess, and then I applied a Phelps splint.

She made rapid improvement from that time on, and at the end of six months I sent her home, and she has improved steadily since.

A few weeks ago I got a report from her, and she had been going to school for some time, and had not suffered a bit of pain in the joint since I had last seen her, and her general health was perfect. In fact her mother thought I ought to take the splint off of her, as she did not need it. I, however, informed the mother that the splint ought to be worn for at least a year yet, or until the cure was completed.

In this case we will get almost perfect mobility with perhaps a little shortening, but the shortening will be much less than it would have been if excision had been practiced.

BUREAU OF PEDOLOGY.

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PHLYCTENULAR KERATITIS.

By EMMA L. BOICE-HAYS, M. D., Toledo.

This form of inflammation of the cornea is rarely seen before the second year or after the fifteenth, so it may properly be classed among diseases of children. Scrofulous inflammation and eczema of the cornea are used as synonymous terms with phlyctenular inflammation. This disease is characterized by small ulcers, which appear most frequently near the edge of the cornea, but may appear anywhere or in such numbers that the cornea will appear covered.

Where but one or two ulcers or phlyctenules appear at the limbus, a triangular network of blood vessels will be seen, with the apex at the ulcer. As the cornea derives its nourishment from the adjoining tissues, sclera—iris—ciliary body and conjunctiva, any inflammation of any of these is liable to affect the cornea. Also any deterioration of the general system is apt to affect the nutrition of the cornea. Consequently we find this disease among scrofulous children and those affected with a specific taint.

The ulcers rarely extend deeply into the corneal tissue, and with decent care vision will be restored to normal in almost every case. Heroic treatment is not advisable, and in no disease does Homeopathy show more brilliantly than in this.

Constitutional treatment and good feeding, combined with local treatment, have given very good results.

In severe cases we find the child with sores all over the face, constipated, pale, peevish, no appetite, and altogether in a most deplorable condition; in great need of fresh air and sunlight, but deprived of

their beneficial action by the intense dread of light. On account of this dread we usually find the child in a dark room or with his eyes bandaged, often with the face buried in a pillow.

I have in mind a young girl aged 9. I was called to see her after she was some months in the hands of a "Regular." He that day told the parents that the child would be blind. I found the home so dark that I had to feel my way into the room. I raised the shade, when the mother exclaimed, "She cannot bear the light." I said, "Madam, a plant could not live in this darkness, and how can you expect the child to do so?" She answered, "Oh, yes, my plants all died on account of the darkness." I put smoked glasses on the child, and insisted that she be brought to my office, which was done.

Her face was a mass of sores; she could barely see to get about the room, the corneæ of both eyes being covered with ulcers. excoriating discharge from the nose made the upper lip very much swollen and sore. Bad breath, constipation, irritable temper, complexion lemon color. I could have prescribed on these symptoms and had a blind child, but did not do so. I examined the nose, found a bridge from the septum to the turbinated on the left side, which was keeping up the irritation. When I told the child that I would hurt her severely, she replied, "You may put red hot coals on me if you will only get me well." I cut the cartilaginous bridge with chromic acid, using boracic acid on the cut ends. Gave her calc. carb. 3x, puls. 3x, internally, and calomel dusted in the eyes by me once a week, with yellow oxide of mercury, eight grains to the ounce, to be used at home once a day. In four weeks time the eyes were well, and there has been no return of the trouble. After the ulcers were healed kali. iod. was used to clear up maculae. Child also had spinal curvature, hernia—swollen legs and knees. Protonuclein was given in connection with treatment for spinal curvature after my connection with case ceased. The child is now going to school, and has had no trouble since two years ago.

Another case presents itself—child two years old. She also had been in hands of a "Regular." When brought to my office her face was covered with sores, eyes bandaged against the light. She was very constipated, no appetite, could not walk on account of weakness and inability to see. On attempting to open her lids blood ran down her cheeks, so I refrained, as it made no difference whether there was

one or a dozen ulcers. I dusted some calomel in the lashes, and when the child opened her eyes it fell in; used yellow oxide locally, calc. carb. and puls. internally. This child had also been kept in a dark room. She had her eyes pried open three times a day to have something dropped in; was taking medicine which was so constipating that cathartics seemed necessary. Under calc. carb. and puls. a perfect recovery was made; no cathartic was used. Three prescriptions completed the cure. I gave calc. carb. on the fourth prescription to clinch the cure.

Another patient, lame from hip disease, swollen upper lip, excoriating discharge from eyes and nose, Hutchinson's teeth. Gave merc. corr. and cal. carb. until ulcers were healed; then a few doses of kali. iod. 6x completed the case.

These three cases are typical of those which fall into the hands of the oculist. Now, in my estimation, the remedy is in the hands of the general practitioner. I find almost without exception that the mothers are either wearing false teeth or that their teeth are in very poor condition, indicating a lack of lime. As this lack is always shown in the child, I always give calc. carb., and then prescribe on any other indications that I may find. Very frequently we find enlarged turbinateds which require treatment, so that an examination of the nose is always in order. Calc. carb., puls., merc. corr., ars., nux vom. and rhus tox. are some of the most used internal remedies. Calomel dusted in the eyes, yellow oxide locally, absolute cleanliness about the eyes and nose, with plenty of fresh air and sunlight (the eyes being protected with smoked glasses) will cure most of the cases. The disease will be stamped out only when the preceding generations are in a perfectly healthy condition.

Dr. Cameron questions the homeopathic value of calomel and boracic acid used as stated in the paper. Is afraid there might be constitutional symptoms.

A member regarded the paper as a very instructive one. Has had a little experience with those diseases of children, and his experience has been almost identical with that reported by the essayist. The remedies he had used mostly were calcarea carb., silicea and pulsatilla. Locally almost entirely the yellow oxide of mercury, one half to two

grains to the ounce of the best pure white vaseline. He advised the physician to see to the preparation of this ointment, because you could hardly ever trust a druggist to make this up properly. For six months he had had trouble from the use of this ointment because the patients claimed that it hurt them. Then he examined the ointment and found it full of coarse granules of mercury. In preparing this ointment the powders should be levigated first with a small quantity of vaseline, or else a few drops of distilled water, and powdered down fine and smooth. In order to get a rapid cure the constitutional remedy must be used. He had seen a number of cases treated with a strong solution of bichloride of mercury, following which those ulcers spread all over the cornea. Better use soothing applications.

Dr. Maxwell, after complimenting the essayist upon her excellent paper, claimed some relationship to the first case reported, which he explained a little more fully. The first summer of his practice he said he had had the care of a case of that kind which had been under the treatment of a few of his old school competitors and had been treated with astringents until the patient could hardly open his eyes. Under homeopathic treatment he made a complete and rapid cure.

THE CARE OF CHILDREN'S EYES.

By HARRIET B. CHAPMAN, M. D., Cleveland.

By far the larger portion of mankind earn their living directly by the use of their eyes, and their usefulness as well as their happiness depends on good vision.

No more important problem can be offered to the public than how to maintain and preserve the eyesight of our people. It is important during every period of life, and especially so in childhood and youth—years of physical growth, when the tissues of the eyes as well as of the whole body are soft and yielding.

The care of the eyes should begin at birth. The last census gives the number of blind in the United States as 50,000, and Burnett estimates that about 15,000 of these are blind from ophthalmia neonatorum. Since this disease is one of infection, preventative treatment gives almost certain results.

Credé introduced this method in 1882. The records in the lyingin institutions which have adopted his method show that the percentage of ophthalmia has fallen from nineteen to about two per cent.

His mode of procedure is as follows: As soon as possible after the birth of the head of the child, to wipe the face and eyes clean and drop into the eyes a drop of two per cent. solution of AgNO₃. If severe reaction occurs, it is controlled by cold compresses.

Including the cases of blindness following myopia and cases of of inflammation of cornea and iris, where early, proper treatment would have prevented blindness, Cohn and others estimate that one-third of the cases of blindness were absolutely preventable.

Some of the States recognizing the impotance of early treatment of ophthalmia, have laws requiring midwives to report in writing to proper authorities any cases of inflammation, redness or swelling of the eyes; they are, New York, Rhode Island, Maine, Minnesota, Ohio, Maryland, New Jersey, Massachusetts, Connecticut, Missouri and Pennsylvania. The result was that the census of 1890 showed a reduction of the number of blind. In 1880 there were 976 blind to 1,000,000 people. In 1890 there were 808 blind to 1,000,000 people. This reduction was due, undoubtedly, to these laws and improved methods of treatment.

From infancy till school life the principal danger lies in overzealous parents giving the child too much near work—teaching them their letters and needlework. Few children are able to enjoy the advantages of the kindergartens, which advantages in most cases are doubtful, in my opinion. The fine weaving in paperwork, counting tiny squares, in fact everything which keeps those young eyes at work at the near point cannot but be dangerous. In one of the kindergartens in our city they have been forced to recognize this fact, and now playthings, games and work are large as possible—using the blackboard and the ear more than pencil and paper or slate.

I would that the lower limit of school age was eight instead of six years, and believe that at ten years of age the child would be better physically in every way, as well as brighter mentally. There would be fewer nervous wrecks at the end of the course, and fewer who would have to drop out from "weak eyes," fewer whose injured eyesight compels them to give up all near work for the rest of their lives.

At the beginning of school life it is important to have the eyes of all the children tested. This had better be done, of course, by a competent physician, but if not possible, then by the teachers. It may seem an arduous task to train the teachers to test the eyesight of the children, but it has proved practicable and fairly easy in our Cleveland schools, and the result has been well worth the trouble. Philadelphia probably was the first to recognize the importance of the work, and has led the investigations.

Dr. L. K. Baker, Superintendent of Hygiene in our schools, has been working along this line for three years, and this year an examination has been undertaken in all our city schools. The teachers are provided with the ordinary charts for test of vision. The vision in each eye is noted separately as well as the presence of pain, inflammation and headache, and if any defect is found the parents are informed of the fact. It is a warning that extra care must be given, and often causes the ounce of prevention which will save much future trouble. The result of that examination has been an eye-opener for Cleveland. It shows that about one in every five children has defective eyesight, and this is probably underestimated, for many cases of hypermetropia would not be discovered by the teachers.

Records as to the nature of the defects in the eyesight of school children have been made by many investigators. Randall, in 1885, collected records of 146,000 cases. Hypermetropic refraction was the most frequent, especially in the lower grades; myopia rare in lower grades, increased in higher grades with a corresponding decrease in hypermetropia; emmetropia comparatively rare, but keeping about the same percentage through the different grades.

Another fact shown by these statistics is that not only the number of myopes increases in going from the lower to the higher grades, but also the degree; for instance, Dr. H. Derby found in examining 254 students at Amherst College, that from their freshman to senior year, the per cent. of myopia had increased from thirty-five to forty-seven, and the degree from 1.8 to 2.4.

The question as to whether myopia is a disease or an adaptation of the eyes to the needs of civilization and the increased amount of work which we must do at the near point, may be asked.

Donders, in his early teaching, said: "The progressive elongation and progressive short sight advance together, and this advance is an actual disease, and I maintain without hesitation that the short-sighted eye is a diseased eye."

Nearly every authority since then has agreed with him. Risley, in his work in the Philadelphia schools, found eighty-seven per cent. of the eyes with myopic astigmatism showed different forms of choroidal disease, and seventy per cent. were asthenopic.

Homes, in 800 cases of myopes, found thirty-four per cent. with dangerous complications—diseases of vitreous, choroid, detachment of the retina or cataract. Other statistics corroborate these statements.

The first thing done to correct this trouble was to look after the hygiene in the schools, yet after a few years in those schools having most careful hygienic supervision, good seating, lighting and books, the evil was not overcome, and a further reason for the increase in refraction was looked for only in part. The real reason seems to be some congenital irregularity in the form of the eyeball. Risley, after citing some cases, says: "My own cases without exception passed from the hypermetropic eyeball over into near sight, through the turnstile of astigmatism. It would seem, therefore, that the inherited, congenital anomalies of refraction, particularly astigmatism, are responsible for the myopic eye, by virtue of the pathological changes they occasion in hard worked eyes rather than any inherited predisposition to the disease." The most interesting part to me of Dr. Risley's article in Norris & Oliver's System of Diseases of the Eye, is the compilation of the results of twenty years' work in the optical correction of asthenopic eyes in Philadelphia, and its effect on myopia. was that after twenty years the correction of a fair percentage of eyes, showing congenital irregularities, should show a lessened number of myopic eyes, as well as a lower grade of myopia. Prescriptions for 195,754 eyes were examined—the result proved the truth of the expectations. The percentage of myopic eyes from private case books in 1874, was 28.43 per cent. of the whole number of prescriptions given. In 1894 it was 16.78 per cent., with a lowering also of the degree of myopia.

Do not think I am advocating putting glasses on every child, but daily observation in the schools and in the office shows how many children may continue their work comfortably and without danger, with proper correction of visual defects, who would otherwise have to drop school altogether, or continue at the expense of lessons and health.

And just now a word about who should fit those glasses. It is a delicate question for an oculist to discuss, yet I feel so strongly on the question I cannot but mention it. Would you allow a child to choose its own brace, or from your case of drugs to choose the one that suited its taste? Yet that is exactly what many general practitioners advise their patients to do when they send the children to an optician. In this respect many physicians as well as the general public need educating.

The proper condition under which to do the work at school and in the home has done much for the preservation of vision. The school building should be placed, if possible, at a distance from other buildings. Sufficient window space is a matter of necessity. Prof. Cohn says there cannot be too much light. The general rule given is one square foot of glass to five square feet of floor space. In some of the darker rooms in Cleveland, prisms in the upper sash have been tried with success. It does not add light, but it does diffuse it to the darker parts of the room. Light-colored walls, which do not absorb light, aid also.

The seat and desk is another important factor. Adjustable seats are now made which may be altered to suit the height of the child, and should be in every well equipped school room. The front edge of the seat is placed one or two inches under the edge of the desk so that the child need not lean forward onto the desk. If the lid is slightly slanting it will enable the child to hold the head and book up in proper position. The seat should be placed so that the light comes from the left, or left and rear. The light coming from the right makes the child twist itself to get away from the shadows the hand casts in writing.

Only books with good type and unglazed paper should be used. The type should be large and plain. Any type which must be held nearer than ten or twelve inches from the eyes requires too much strain on both the muscles of accommodation and convergence.

Periods of rest for the eyes during school hours should be frequent. This may be done by gymnastics and oral work. Before printing and "the making of many books" education was largely oral. A reintroduction of that older method, in part at least, would be an advantage. The child should be taught to look up frequently from the book at distant objects. This relaxes and rests the tired muscles.

Not less important than the care given to the child's eyes at school is the care and oversight given them at home. In the first place, out of school hours the eyes of the child under twelve should be given as complete a rest as possible. Studying at home before that age, I believe, should be condemned. This may be contrary to the spirit of the present educational system, but when the sight of one child in five is defective too great care cannot be taken that the delicate structures are not injured.

Yet the fault is but partly in the educational system. It is won-derful, dreadful, the amount of reading some children do out of school—newspapers, library books, juvenile papers. The paper in some of these is glazed, the print in most of them is small and indistinct. The child may be allowed to read these in the dusk, in a far corner of the room, on his back, perhaps, or sitting all doubled over. They have been taught to rest a strained joint or an aching muscle, but a tired eye they urge on and on.

The same points in regard to good light and plenty of it, coming from above and the left; in regard to the upright position of body and books, and the holding of books at a reasonable distance, with periods of eye rest should be observed at home as well as in the school.

Another thing I would urge is the stopping of reading on street cars, and this may be applicable to "children of an older growth." It has been likened to the man who carries easily a heavy burden a mile, but if he should put it down and take it up every foot it would be impossible. The constant changing and adjustment necessary to accommodate the vision to every jerk of the car must tell on the nerves sooner or later.

I could not hope to bring anything new on this subject for your consideration to day, but I am glad of an opportunity to bring again to your notice and emphasize a few points in the care of, perhaps, the most beautiful and delicate organ which God has made. Every physician loves and is a friend to children, and you can prove yourself no truer friend than when you teach them how to appreciate this exquisite and useful member.

DR. Boice Hays: The doctor, in speaking of children in kindergartens, assumes a position almost heroic—for who dares raise a complaint against the kindergarten? I have been very careful about saying anything about it in my own town. There can be no doubt that the fine pricking of cards and mat weaving are injurious to young eyes. The eyes of children and young animals are hypermetropic at birth, and they must have some time to develop. Now it seems to be the: proper thing to put children's eyes at work early. If they were properly cared for we would not have so many cases of strabismus. The doctor speaks of the general practitioners sending their patients to the We have twenty-five oculists in our town, yet some of our practitioners send their cases to the opticians, and with the most deplorable results. One of our homeopathic physicians sent a girl to an optician; there she was fitted with concave glasses. Presently it wasdiscovered that when she kept the glasses on any length of time she would have a fit; when she took them off the fit disappeared. A regular physician prevailed upon her to go to an oculist, and I was that oculist. I examined her eyes under atropine and refitted her withconvex glasses and she has had no return of the convulsions.

Dr. Arndt said this paper ought to appeal to the general practitioner very much. There is nothing more deplorable than the ruin of the eyes of small children by the kindergarten methods. He had observed a number of instances of myopic astigmatism developed from the persistent work done in these schools. He was not quite satisfied with the uniform use of nitrate of silver solution in the eyes of all new born. In his rather extensive obstetric practice he had never had any cases of specific disease. He had never had a case of ophthalmia neonatorum except in some cases of too early exposure of the eye to the light. People very often let the infant gaze at a bright light, and that will almost invariably set up an inflammation of the eye. Ordinary care and cleanliness on the part of the physician and the nurse was the only thing needful in all his obstetric work.

Dr. Reed agreed with Dr. Arndt, and believed that the promiscuous use of nitrate of silver in infant's eyes was injurious. Had seen a number of cases where they were persisting in the use of the silver nitrate, and when the use was finally prohibited, recovery took place without any further treatment. He believed in ordinary cleanliness. In regard to the care of eyes, as to refraction in the early life of the patient, there could be no doubt, and he agreed entirely with what had been said by the essayist, and unless the care recommended is exercised it wouldn't be very long before children would have to be born

with glasses. There seems to be a mania for getting children into school early in life, first in the kindergarten, where their eyes are put to some of the most vicious tests; from kindergarten immediately into the grammar school, where they are given work to do beyond their years; their mental natures cultivated, and their moral and physical natures neglected. He reported the case of his own child born with defective vision, who was given ability to see only by the greatest care and watchfulness. His wife appealed to the teacher for an excuse for this child from certain forms of work, especially night studying, but it couldn't be granted. The work was there to be done, and no one had the apparent authority to excuse any child from its doing. the case of glaucoma simplex which had come to him a little before the holidays. He insisted that the child must be taken from school. The parents answered that he was a very bright child and ready to go into the high school next year, and they couldn't think of keeping him out of school. Dr. Reed refused to take the case unless the child was taken from school, the probability being that he would be totally blind in from two to twenty years. After a pretty straight talk the parents decided to do so.

Dr. Chapman, in closing the discussion, said that in relation to ophthalmia neonatorum she had simply been quoting statistics; that in eighteen years of that system there had been only one death.

CRETINISM.

By SARA E. FLETCHER, M. D., Columbus.

It is said that "an open confession is good for the soul," so I tell you in the beginning that I did not choose this subject because I know much about it, but because I want to know more about it.

A visit to our State Imbecile Asylum some years since aroused my interest in the unfortunate inmates. It also stimulated a desire to know something of the causes contributing to the defective mental and physical development of the children whom I saw there.

The subject of defective development is such a wide one that I have been obliged to limit this paper to the study of the one phase mentioned in the title.

Cretinism is a form of idiocy associated with diminution or absence of functional activity in the thyroid gland. The simplest classification of those conditions depending upon an absent or functional thyroid divides them into:

- 1. Sporadic and endemic cretinism.
- 2. Myxedema.
- 3. Cachexia strumipriva.

Myxedema has been defined as "a cretinoid state supervening in adult life," occurring more frequently in women than in men.

Cachexia strumipriva is a myxedematous condition, which in many instances follows the removal of the thyroid gland. Kocher claims that this condition manifested itself in twenty six out of thirty-two patients from whom the thyroid had been removed.

Endemic cretinism may occur in any habitable part of the globe. In two thirds of the cases it is accompanied by goitre. Goitre and cretinism are chiefly endemic in Europe, in the mountainous valleys of the Alps and the Pyrenees; in Asia, on the southern slope of the Himalayas. In North America it is sometimes, though rarely, met with in the valleys of Vermont, Massachusetts and California. It is not entirely confined to high altitudes, but has been known to occur at a low level.

Sporadic or congenital cases, as a rule, have no goitre. In other respects the essential features of the disease are identical with those of the endemic form.

Many theories have been advanced as to the cause of cretinism. Virchou and Combe claim that it is an infectious disease, the microbe centering its toxic influence on the thyroid gland. The use of drinking water containing a large amount of lime salts is thought by some to be a predisposing cause. Alcoholism, syphilis and various nervous diseases in the parents have been given as possible factors. Bad sanitation and hygiene no doubt play an important part in developing and spreading the epidemic form. The neurologist finds a satisfactory explanation of thyroid debility or disappearance in the theory that it is due to a neurosis, a neuritis or a paresis of a nerve ganglion. A lesion of the second cervical or thyroid ganglion would manifest itself in impaired function of the gland. The nervous system being the basis of the physical system and the disease one of nutrition, the casual relation between the two is worthy of careful consideration.

The morbid anatomy, in myxedematous conditions, is an inter-The thyroid gland either atrophies or its function is esting study. destroyed, the true gland substance being replaced by a hypertrophic growth of fibrous tissue. This overgrowth of connective tissue infiltrates the skin, the mucous membranes, the bones and the nerve The thyroid, in its normal state, secretes a colloid substance centers. which assists in the elaboration of the blood. The destruction of red blood corpuscles is also supposed to take place in the gland. function is interfered with, mucin, which is a retrograde product of blood albumen, appears. This is taken up by the lymphatics and transuded into the connective tissue. The result is a peculiar edematous appearance of the skin, a thickening of the whole body and a retardation of its various functions.

In foetal life and in childhood the glandular system is very active, and has a marked influence on development. As a consequence of thyroid degeneration the child's growth is stunted, and there is a retention of an infantile or a childish state. Cretins who have reached a mature age rarely exceed three or four feet in height. The long bones develop in thickness, but not in length, owing to the formation of a fibrous lamina of connective tissue between the epiphysis and the shaft. On account of a premature ankylosis of the spheno basilar bones there is a contraction of the base of the skull and a compensatory expansion of the cranial vault, with delayed closure of the fontanels. This gives the peculiar type of head and face, the head often measuring more from ear to ear than in an antero-posterior measurement.

The face is large and round, the eyes set wide apart, the lips and tongue thick, the neck short and thick, and the abdomen protruding. The hands are large and the fingers very noticeably short. The lower limbs are thick, short and often crooked. The feet are flat and the gait so awkward that the Germans call it "bärengang" (a bear's walk). The skin is thick, dry and coarse, with an increase of subcutaneous fat. Slowness of apprehension and slowness of movement are characteristic of the cretin. Nervous sensation is retarded and the intellect suffers from the same chilling blight which has stayed the process of physical evolution. The child may appear normal for the first few months of its life until the lack of development is noticed. The

disease usually manifests itself by the fourth or fifth year. As a rare result it may follow some of the infectious fevers.

Until recently it was thought that little could be done in a medical way for these unfortunate children. The general acceptance of the theory that the disease is due to some involvement of the thyroid gland, and recent experiments in tissue building by means of glandular products, have brought the subject prominently before the medical profession. The isopathist claims remarkable results from a careful and continued administration of some of the various thyroid preparations. The effect upon the heart must be closely watched. Patients have died from too large and too long continued doses. When used freely it sometimes produces a series of phenomena constituting the so called thyroidism. We would call it a proving.

The most important symptoms are nausea, emaciation, a rapid, weak pulse, elevation of temperature, syncope and tremor. In some cases the gland of the sheep, raw or slightly cooked, has been fed to the patient. Other preparations are the glycerine extracts and a powder compressed into tablets. It is also put up in a potentized form.

The toxic results of feeding a concentrated animal tissue can be easily appreciated. If assimilated, it acts as a food and improves nutrition; if not assimilated, it produces functional disturbances which may prove disastrous.

A fellow-townsman has written a very interesting report of a case of sporadic cretinism treated by him with Armour's preparation of dessicated thyroid. The child, a girl of three years, presented marked symptoms of cretinism. He began treatment with 1 1/2 grain doses, three times a day, and gradually reached the limit which she would tolerate, which was six grains daily. Finding that it was being administered irregularly, at the end of three months he placed her in the Children's Hospital. In seven months she had gained four inches in heighth and the general contour of the body was much improved. Her association with the other children quickened her intellectual faculties. She lost to a great extent the apathy and stupidity which had characterized her former condition, and gave promise of developing into a fairly bright child. The photographs accompanying the report certainly show a wonderful change. Just how much was due to the remedy and how much to better surroundings would be hard to tell.

In the literature at my command I fail to find any record of a similar case treated by a homeopath. There are, no doubt, many such, but they have not come to my notice.

Such deep acting remedies as arsenicum, the calcareas, ferrum, silica and others, would be valuable adjuvants. Any treatment, to be efficient, must take into consideration patient and persistent care for the physical environment. It must also include a form of mental exercise which will stimulate and develop the dormant cerebral cells and make the brain a healthy instrument through which the growing consciousness may manifest itself.

The thyroid treatment has been tried in our State institution for feeble minded, but with no especial benefit. Among the 1,100 children who are cared for there but a small proportion are typical cretins. There are, however, quite a number of "short-fingered children," as they are commonly called, with cretinoid tendencies. These children are affectionate, good natured and respond in a fair degree to the efforts made to teach them. Taking the school as a whole, the accuracy with which their work is done is remarkable. Specimens of writing, drawing and figuring show good imitative if not good reasoning powers. The classes in physical culture give exhibitions which compare favorably with those of their more fortunate brothers and sisters.

The purpose of this paper is not to mark out a course of treatment. That would be impossible. Each case is a law unto itself, and must be studied individually. The object is simply to call attention to these Gottes Kinder and the efforts being made in their behalf, and to make us feel that their condition is not so hopeless as it once seemed to be.

Dr. Means congratulates the ladies of this bureau for the very excellent papers they have presented. They are the best that have been presented at this meeting so far. By reading Balzac's *Country Doctor* as much will be learned about cretinism perhaps as from any medical work extant. Cretinism cannot be cured by medicine. It is a degeneration of the human race.

Dr. Ames referred to a case of cretinism treated by a homeopath and reported about a year ago in the *Medical Century* with pictures.

BUREAU OF ANATOMY, PHYSIOLOGY AND PATHOLOGY.

HEREDITARY PHYSIOLOGY AND PATHOLOGY.

By G. D. CAMERON, M. D., Chagrin Falls.

Man's physiological and pathological predispositions are bequeathed.

The ever shifting sands of his organic destiny are but outcropping ancestral impulses direct or atavistic. He is a record of organic achievement. The world believes it. If we find in one the respiratory rythm disturbed, we think of the ebb and flow of the sea, and then inquire if his father were an asthmatic. Does he have six toes we ask his tribe. Is there trouble with the spine? We wonder what of the generations between this and the devonian age. In the deposited and fertilized ovum cell segmentation transpires, and as we study it we think of the yeast plant we saw under the microscope performing binary fission.

The results of cell development become apparent, and the embryro assumes something of the appearance of the stern patriots who landed on Plymouth Rock, possibly evolving into something very much the appearance of his paternal pa.

The heart beats, there is peristalsis, breathing, secretion of bile and urine, muscles contract, seeing, hearing, smelling, tasting, and the individual becomes one positive, graphic, concrete affirmation of hereditary influence. "We drink the same stream and view the same sun, and run the same course that our fathers have run."

That this question is a practical one to the common practitioner I believe. The millions with their unnumbered moods, conditions of sickness and health, ask his opinion and hesitate to appeal from his decision, believing that they search in vain for terrestrial tribunals more

authoritative. Knowledge of the laws of heredity, combined with the family history in any particular case, will almost certainly qualify the prognosis in that case. A case that illustrates came under observation since the last meeting of this society. Was called to see a case having a hard tumor in the right inguinal region in the line of Poupart's ligament. There was some reason to suspect specific venereal taint, family history said that the grandfather died of cancer, that her mother died of a tumor of the breast. Had it not been for the family history would have been more in doubt in giving the unfavorable prognosis of malignant disease, which time verified.

Possibly some of you have found yourselves asking the woman in confinement in regard to the time and severity of labor which her mother experienced, and death and the manner of dying are as truly hereditary as the fact and manner of birth. Was called last October to see a man aged fifty five, who experienced faint spells lasting for a period of two or three seconds at a time. Two younger brothers had within a few years died suddenly. I could discover nothing wrong with the heart, but felt apprehensive as to the outcome of the case because of the unfavorable family history. Two days later the man died suddenly.

Have seen strabismus directly transmitted for three generations. Tuberculosis in the family history frightens the insurance companies, and every practitioner has seen with what reason. Asthma, rheumatism, blue eyes, neoplastic tendencies, complexion, mental temperaments and neurotic proclivities—these are man's transmitted elements.

It is needless to multiply illustrations with which all are familiar.

A progressive study of hereditary law will lead to much needed reform in the criminal clinic. Who can teach these reforms better than the medical practitioner? No one thing is better suited to enable him to give broad and unbiased opinions on any social topic than these studies on natural law. Legislation offers a means of bringing before the people propositions for the maintenance and advance of society, and the combined influence of the medical men of a commonwealth can do much to shape and support laws looking to the physical betterment of the state.

No one thing is of more importance to the common practitioner than to be able to give a prognosis worth listening to, and no one factor enters more into such ability than a knowledge of the ancestral tree. The physician who is careful and successful in regard to prognosis as a rule knows the pedigree of the community. Rome was not built in a day, and it takes time to overthrow prejudice, and we must be persevering and not lose patience with ourselves or our fellowmen, even though they should have become members of the last state legislature.

"A river like the Nile or Mississippi is strong and powerful and deep, capable of holding up fleets of war and fleets of peace because the storms of a thousand summers and the snows of a thousand winters have lent their strength to its current." So man is made up of thousands of parental influences acting together and constituting in their entirety the primary axis of human life.

PATHOLOGY OF SOME CIRRHOSIS OF THE LIVER.

By A. B. SCHNEIDER, M. D., Cleveland.

The general application of the term circhosis to the many forms of connective tissue inflammation of the liver now recognised, is an example of the manner in which the influence of authoritative statement holds sway long after the term has become inadequate. Of course terms acquire a certain degree of arbitrary significance, and nowhere is this so common as in medical literature. The term cirrhosis, meaning yellowish, tawny, was coined by Laennec and applied to the atrophic form of hepatic fibrosis, the appearance of which it accurately describes; but some sclerotic livers—the term sclerosis seems preferable because it is not confusing, and does describe the pathologic conditions found—are natural in hue, and while many are paler than normal, they are far from being yellow in color. Again, the hobnailed appearance is as distinctively associated in one's mind with cirrhosis as is the assumption that all cirrhoses are due to alcoholism; but many sclerotic livers are finely granular or even smooth, while others are coarsely nodular or lobular; and the causes of cirrhosis vary from passive congestion to anthracosis.

The essential pathologic change is due to an inflammatory exudate, or small round-celled infiltration, which occurs in the course of the portal canals. This infiltrated material is composed largely of plasma cells, which break down and become resolved in acute irritations. If

the process becomes chronic, these cells continue to secrete plastic material, some of them eventually taking on the characteristics of fibroblasts. This plastic material becomes organized into new connective tissue, which, as is the custom of this product of inflammatory action everywhere, contracts, causes pressure on intervening organs, and occlusion of vessels and destruction of parenchyma is the result.

We doubtless all retain a sufficiently clear remembrance of Gray to recall that the liver is surrounded by a fibrous capsule continuous everywhere at the periphery with fibrous trabeculæ which penetrate the organ in all directions, and continuous at the hilum with Glisson's capsule, which ramifies throughout the organ, forming a tubular interstitial tree which carries the ramifications of the portal vein, hepatic artery, hepatic duct and lymphatics. In the interstices between the trabeculæ are contained the liver lobules, each forming a unit or little liver about 1 1-12 inches in diameter, and surrounded by the interlobular branches of the portal vein and hepatic artery. These break up into capillaries—intralobular capillaries—which pass between the liver cells, and converging to the center of the lobule, empty into a central vein-intralobular vein-which, with the same from numerous other lobules, form the sublobular veins, these in turn uniting to form the hepatic veins, which run in channels coursing independently through the liver substance, eventually reaching the inferior vena cava at the posterior border of the liver.

In atrophic cirrhosis the fibrous invasion is mainly along the main branches of this interstitial tree, embracing groups of lobules and compressing them, thus causing atrophy and destruction of cells. The new fibrous growth between the lobules contracts, and drawing in the periphery at these points, causes hobnailing of the surface and shrinking of the whole organ, so that it is smaller and lighter than normal, tough and hard. The tendency to invasion of the lobule by the inflammatory process is not marked, but the contraction of the newly proliferated connective tissue in the portal canals causes great compression and subsequent degeneration of the parenchyma. Newly formed bile ducts may be present in considerable numbers in the hyperplastic interlobular connective tissue.

In the hypertrophic form the liver is increased in size and weight, and is hard and smooth or finely granular. The fibrosis affects the smaller twigs rather than the larger branches, embracing single lobules and even single cells, instead of groups of lobules, accompanied by a curious development of bile channels at the periphery of the lobule. The newly formed connective tissue exhibits less disposition to cicatricial contraction than in the atrophic form, but there is extensive invasion of the lobules, with consequent obstruction of the biliary channels.

In syphilitic cirrhosis there are developed broad wedge-shaped masses of fibrous tissue which penetrate the organ and cause destruction of the intervening parenchyma. In the syphilitic cirrhosis of childhood the liver is greatly enlarged, the fibrosis is immature, partly cellular in character, and is quite uniformly distributed between the cells.

In the hepatic fibrosis due to cardiac insufficiency or pulmonary congestion the intralobular veins are enormously distended, causing compression of the liver cells in the center of the lobule, fatty infiltration and atrophy, with subsequent formation of fibrous tissue. This is the cirrhosis developed in the so called nutmeg liver. You will observe that here the destruction of liver cells begins in the center of the lobule, while in the real cirrhoses the destruction begins at the periphery.

The anthracotic form is due to the deposition of carbon particles in the connective tissue surrounding the portal canals, with subsequent irritation and interstitial fibrosis, similar to the same condition in the lungs.

In the form due to perihepatitis there is thickening and fibroid degeneration of the peritoneal covering of the liver. This contracts, the contraction and inflammation extend to Glisson's capsule and the organ becomes more or less atrophied and deformed.

Returning to our old friend Gray, we find that the liver has five lobes, five fissures, five borders, five ligaments and five sets of vessels, and that the most important of these five vessels, the portal vein, has five groups of accessory veins. The first three groups—one from the fundus of the gall bladder, one from the pylorus and one from the walls of the portal vein itself, coming as they do from the alimentary tract, may have some significance in the consideration of those interesting cases of portal occlusion where life, and therefore hepatic function, have been carried on for years after the formation of the thrombus. The fourth group of accessory veins descends in the folds

of the suspensory ligament, coming from the diaphragm and anastomosing with the phrenic veins. These veins are doubtless concerned in the formation of the venous arborizations seen along the line of insertion of the diaphragm, which are by some observers looked upon as almost pathognomonic of hepatic congestion. The fifth group courses in the round and falciform ligaments to the umbilicus, anastomosing freely with the mammary and epigastric systems of veins, establishing communications respectively with the innominate and saphenous veins, and giving rise to that interesting varicosis about the naval, the caput These last two groups of vessels assist materially in the establishment of the collateral circulation and form the first two of the five important anastomotic links concerned in the demonstration of the collateral circulation which provides for the relief of the venous congestion when the portal capillaries are occluded. The third link is found in the anastomosis between the gastric and the esophageal The latter discharge into the vena azygos, which forms the great anastomotic loop between the inferior and superior vena cava. The fourth is formed by the anastomoses between the hemorrhoidal and internal iliac veins. The fifth comprises the veins of Retzious small veins passing between the radicles of the portal system in the intestines and mesentery, and the retroperitoneal veins. It is interesting to note that surgeons have attempted to make use of some of these anastomoses in the surgical treatment of ascites by securing adhesion of a portion of the omentum to the sub-umbilical portion of the abdominal wall, thus establishing an anastomosis between the peritoneal and superficial venous systems.

A subject dead from a typical atrophic cirrhosis furnishes a case of the most intense interest for the postmortem table. There is usually a high degree of ascites and more or less thickening of the peritoneum, especially in the neighborhood of the liver. The liver is generally yellow in color, its capsule usually thickened, its surface rough and either finely granular, hobnailed or decidedly nodular. The anterior sharp edge is often curled under, especially that of the left lobe. If there has been a bridge of liver tissue converting the usual groove for the inferior vena cava into a canal, this has contracted so that the lumen of the vena cava is more or less encroached upon, in which case the vena azygos major will be found greatly distended, carrying as it does under these circumstances a large share of the blood from the lower half of the body to the superior vena cava. The accessory veins about the hilum of the liver will be greatly distended, a vein running

beside the obliterated umbilical vein in the round ligament, usually about one eighth inch in diameter, often reaching the thickness of the little finger. The ascending lumbar veins, the renal veins, the numerous small veins passing between the attached border of the intestine and the retroperitoneal veins, will be found greatly distended. The mucous membrane of the stomach and bowels is greatly congested, perhaps ecchymosed. If the subject has died of hemorrhage and the corroborative evidence is not found in the stomach or bowel, examine the lower esophageal plexus and the ruptured veins there will tell the tale. The spleen is enlarged and more or less sclerosed. The pancreas is often hardened. The kidneys almost always present sclerotic changes, and the evidences of arterio sclerosis are everywhere, the heart almost invariably, and the lungs frequently, presenting its characteristic lessions.

Upon section the atrophic liver is firm and hard, and the fibrous tissue presents irregular grayish bands or patches between greenish yellow islands of liver substance. Fatty infiltration often more than keeps pace with the fibrous contraction. In hypertrophic sclerosis the organ is greatly enlarged, smooth, very tough, and the cut surface generally of a greenish yellow color, although the naked eye appearance of sclerotic livers varies with the new connective tissue and the secondary changes in the parenchyma.

There is some confusion in regard to the sequential relation between hypertrophic and atrophic cirrhosis. Many claim that an hypertrophic stage of atrophic cirrhosis cannot be clinically proven, and lay special stress upon the point that with similar etiologic factors, in some cases the hypertrophy is progressive and lasts for years with out going on to atrophy, while in other cases atrophy progresses very rapidly without an hypertrophic stage having been demonstrable. is thus claimed that the hypertrophic form never atrophies, and that the atrophic cases never were hypertrophic. Some observers claim to have witnessed the increase to the hypertrophic and subsequent decline to the atrophic stage. The consensus of opinion favors the conclusion that in atrophic cirrhosis there is a preliminary hyperemic stage when the organ is somewhat enlarged; but that a well established hypertrophic fibrosis seldom precedes progressive atrophy excepting in syphilitic cirrhosis, when the later stages of the affection may be marked by great shrinking and deformity, due to the development, breaking down and cicatrization of gummata.

BUREAU OF SANITARY SCIENCE.

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THE PHYSICIAN'S RESPONSIBILITY IN SPREADING DISEASE.

By D. H. BECKWITH, M. D., Cleveland.

It is within a few years past that science has demonstrated with something like accuracy the cause of very many diseases.

The germ theory is to day generally adopted as the cause of contagious and infectious diseases. A living microbe is considered the cause of the cholera, yellow fever, scarlatina, diphtheria, smallpox, etc. These germs are so intangible to touch, so invisible to the eye, so very minute, that we can almost deny their existence; and were it not for the microscope the germ theory of disease would have never been established.

The contagious diseases mentioned are familiar to you except the yellow fever. A few cases occurred during the past year of this dreadful fever in Miami, Florida. The responsibility of stamping out the fever was in the hands of the Miami physicians. The diagnoses of the first cases were at first uncertain, but they were so thoroughly quarantined that the spreading of the disease was prevented. During its prevalence in the South in the year 1844 it was classified by some physicians as enteric or malarial fever, therefore it obtained so strong a hold among the people that municipal boards were appointed, but they lacked the moral courage to check its ravages. The health officer of New Orleans was a physician of courage and good judgment. He went into the infected districts, gave the fever its correct name, established quarantine rules that soon checked the spreading of the malignant and fatal disease.

The fearful epidemic of smallpox that prevailed in Montreal, Canada, in the year 1885 could not be controlled by the physicians. Anti-vaccination literature had been freely circulated among the people and copied by the press, which created a terror of vaccination among the inhabitants. After nearly 4,000 deaths had taken place in a city of 180,000 inhabitants, the physicians appealed to the government to aid them in the suppression of smallpox. The Lieutenant Governor issued an edict that all men, women and children who had not been vaccinated must submit to compulsory vaccination. The physicians, therefore, soon blotted the disease out of Montreal.

In Ohio the Boards of Health have power to issue an edict to compel vaccination, and are ready to do it in Cleveland when the physicians recommend it. Smallpox is to day prevalent in a mild form in many towns and cities in the State, and is daily on the increase. It is so difficult to diagnose that in some places it is treated as chicken-pox or measles. It is the duty of every physician to call to his aid counsel if the attendant is not positive as to the classification of the disease, for can assure you it is no easy task to decide a case of smallpox in its early stage, and the best of physicians are liable to make mistakes. There were twenty-four cases last week in Cleveland, twenty-six the previous week.

I cannot comprehend why municipal funds of Cleveland and other cities should be squandered in quarantining so many houses, having patrolmen day and night parading the streets to prevent the spreading of smallpox, when it can be accomplished with little expense and in a more effectual manner. If compulsory vaccination was adopted and enforced throughout the country, it would not be many weeks until the disease would be stamped out.

I call your attention to the responsibility of practicing physicians in their daily work, and the danger to families that they visit, of carrying germs that may develop and spread a contagious or infectious disease. Among the diseases may be puerperal fever, which is communicated by contact and so malignant that a physician may carry the poisonous germ for days, although he has taken great sanitary precaution. I call to mind the fatal record of a Cleveland physician who did a large obstetrical practice. Within a few weeks he confined six women, of whom five died with puerperal fever. This physician firmly believed that disinfectants could be so successfully used that there was no danger

to other patients. After the death of his last puerperal patient he left the city, and told me that he deemed himself guilty and the cause of their deaths.

In 1864 a professor in one of the medical colleges of Cleveland visited a patient on Lake street who had smallpox. From that house he went to visit a family on Euclid avenue. He carried the contagion with him, and the result—three cases of smallpox took place in the Euclid avenue home.

In 1871 a physician was called to see a patient on Summit street, which developed smallpox. The diagnosis was chicken-pox. Later the diagnosis was corrected. The case was not reported to the health authorities. Other cases occurred at the same house. The physician was arrested and fined \$100 and costs.

I believe many cases of smallpox that now exist in the State might have been avoided had the attending physicians taken due precautionary measures. It is the opinion of 99 per cent. of the intelligent and educated physicians that vaccination is the only method to check the spreading of smallpox. Laws are made and enforced to protect the people, and our lawmakers have deemed it for the best interests of society to give Boards of Health great power, to be used in controlling epidemics and endemics.

Six years ago, when our country was threatened with an outbreak of cholera, the physicians said let the railroads and steamboats be examined before they come into Cleveland. Their verdict was final and the work was done. The responsibility of controlling epidemics and of preventing the spreading of disease is in the hands of the physicians; their influence and power is great when used in the right direction.

A question which I have to answer at various times: Do not physicians spread disease? Before this association of medical men I can answer yes. Many of us do not disinfect our clothing as should be done, after we have seen a malignant case of diphtheria or some other contagious disease. A doctor with a large clientage cannot take the time to go to his home and take the required sanitary treatment which his case demands. Therefore he justifies himself by driving a few blocks to another patient, hoping the fresh air will be a sufficient precaution. He often leaves the germs of disease, and the result may be sickness and death. I believe that a physician is morally and

legally responsible for spreading disease. If such facts could be proven there is not a judge in the State of Ohio but would render a heavy verdict against him.

In yellow fever the poisonous germs seem to arise from unsanitary conditions. To prevent its spreading is to put the place where there is an outbreak into the hands of a competent health officer, and if by chance an epidemic takes place, the people should leave the infected district. An imported case or two does not mean an epidemic. The disease is not contracted in coming in contact with the sick.

The same may be said of cholera. Drinking water may be contaminated by the evacuations. If cholera becomes endemic, sanitation and removal of the inhabitants to some other locality, as the atmosphere is impregnated with the poisonous germs. The physician should allay fear and recommend a plain diet to the people.

Scarlet fever is given off from the body of the sick, and is not reproduced independently of the body. The prophylactic is to keep out of the way of the infection. Some physicians believe that belladonna will act as a specific against the contagion. The physician and nurse should be treated as infected persons. The most rigid rules should be observed in its isolation.

In diphtheria the germs are given off from the parts affected, and not from the body, as in scarlet fever. The nose and throat are the parts most usually affected. The mucous membranes contain large numbers of germs, and the danger of spreading the disease takes place when they are thrown off. To prevent the disease, complete nonintercourse with the sick and a most rigid disinfection of the room and its contents. It has been demonstrated by the microscope that the diphtheria bacillus is found in the throat three to four weeks after the attack. All pet animals should be excluded from the sick room, as they can convey the infectious germs. In children's hospitals the attendant physician can use a protective against diphtheria by using subgutaneous injections of the diphtheria anti-toxin.

Tuberculosis is now classified by many as an infectious disease, the sputum containing the infectious germ. To prevent the spread of that disease physicians should recommend that hospitals or sanitary homes be built by the government, in a locality that will aid a cure in the incipient cases; also a permanent sanitarium that will make a final home for the more advanced cases. The State of New York has



taken the lead in the right direction. Two bills have been passed by the Legislature, one appropriating \$50,000 for a State Hospital for incipient cases; the other appropriation authorizes the City of New York to expend \$360,000 to build a hospital for consumptives. If the bill receives the approval of the Governor and the Mayor of New York it will accomplish a great sanitary improvement, and no doubt will be the means of other States making appropriations for the same institutions to be located in some desirable location.

In typhoid fever the infectious germs are in the discharges from the bowels of the sick. Impure water is the great factor in producing typhoid fever. To prevent the spread of the fever procure good drinking water, good air and good sanitary conditions; window and door screens to prevent the carrying of the infectious germs.

In mumps, chicken-pox, measles and whooping cough I can suggest no prophylactic, as I believe it is better for children to have those diseases while at home with a mother's care and attention.

This paper might be greatly extended, but the time allowed has compelled me to be brief in all the points that I have presented.

How does Dr. Beckwith know that vaccination DR. WALTON: prevents smallpox? There is a vast difference between a belief and a knowledge. I don't believe that a large majority of intelligent physicians believe that vaccination will prevent smallpox; the most that they can say is that it will modify the form of it. If it will prevent smallpox why is it that in the German army, where we have had vaccination over and over again, that a very large proportion of the soldiers contract smallpox and die? We know those things. I feel that there are some things about vaccination that are hidden. connection I would like to ask if anyone has had any experience with the new homeopathic remedy malandrinum? Does anybody know what vaccine virus is? No. They know it is a product from the calf, but they don't know what that product is. Malandrinum, as I understand it, is from the grease of the horse, and administered by the mouth. Guernsey claims that a person vaccinated taking this new product will find that the vaccination will fail to take. But I have failed to get this effect of the thirtieth of malandrinum furnished me by Dr. Guernsey.

Dr. Jewitt said he had also received a preparation of malandrinum from Dr. Guernsey and had used it, but found it of no avail.



Dr. Cameron believed that the good results ascribed to vaccination in this country might be due to a settling up of the country rather than to the process of vaccination. It is known that all new countries are exceedingly malarious and fatal in most of their ailments, but that as the country is opened up and developed the malignity of most of these conditions disappears. He had had fourteen cases of smallpox and one of these had been well vaccinated, for he carried a large scar on his arm.

Dr. Schneider wished to call Dr. Walton's attention to the fact that during the Franco Prussian war the German army was vaccinated and the French army was not, and that the French soldiers died by the hundreds and the thousands.

DR. BAXTER: In regard to the efficacy of vaccination and its effect upon smallpox there is one point that is very generally overlooked—that the victim or patient has a very sore arm; then we call that vaccination successful. Now there are sore arms from vaccination and other sore arms. A sore arm may be a true vaccination or it may be simply a septic sore due to the poison that is introduced along with the vaccination, and the vaccination has had no effect at all. Both may leave a scar, the one only being a true vaccination, and this one will prevent smallpox, or at least modify it; and the other, quite naturally, will not. The point to recommend is, that we examine carefully the results of the vaccination, and if we have a true pustule that follows the course of the smallpox pustule, or a true vaccination pustule, we may depend upon that as modifying to some degree at least the smallpox patient who is exposed to it, or perhaps prevent it entirely. If it is a sore that doesn't follow that course your vaccination is worthless.

Dr. Sigrist agreed with Dr. Baxter, and mentioned some instances occurring under his own observation. He had been observing the reports from various states and comparing them with Dr. Probst's of our own state, and arrived at the conclusion that if well vaccinated the patient is not liable to contract the disease, or if he does it will be in a modified form.

DR. MEANS: I would like to know if they can prove that vaccination ever prevented a single case of smallpox, or whether it is sanitary science that has prevented it. That recalls the plague. The plague has disappeared, in a measure, through sanitary science, and it is the only effective measure with which to stamp out a disease. Vaccination has never proved that it has prevented a single case of smallpox.

DR. MAXWELL: Has the President ever been vaccinated?

THE CHAIRMAN: Yes, I had three vaccinations and then had confluent smallpox. Three fourths of the cases in this State have been successfully vaccinated. In regard to diphtheria. I practiced medicine seven years in Huron. They had a good deal of sore throat there to which they never called a doctor. I had many cases of diphtheria as well, and out of thirty seven cases never lost one. Antitoxin, they say, will cure diphtheria. I have found the bichromate of potash homeopathically administered a sufficient remedy in the cases I attended. I never lost one such case. They have to have an outlet for their horse serum and so the State recommends it, and our little town purchased \$275 worth of the stuff for treating the poor.

Dr. Lunger referred to the fact that Henry M. Stanley requested that his whole caravan (consisting of over two hundred members) be vaccinated. Forty refused. After entering the interior of Africa smallpox broke out among them. Those who had been vaccinated were attacked with a mild form. The forty who were not vaccinated were attacked with a malignant form and every one died.

DR. COFFEEN: I was arrested for not reporting a case of diphtheria, and the old school doctors tried to prove that I had been treating a number of cases of diphtheria, and that some other cases had been contracted through my assumed neglect. But my cases got along I made three calls to the boy who was said to have the disease; he got well. I didn't see any bad results in any way. I asked the doctor who instigated my arrest how many calls he made on his diphtheria patients contracted from this case. He said he made He used antitoxin. He had used it in all the cases seven or more. that had died. My cases didn't die at all, and I had treated thirty or forty cases that had been worse than this particular case referred to. I had a good many cases of follicular tonsillitis. I had only three cases of diphtheria that I reported to the health department. A great many cases of follicular tonsillitis were reported by the physicians and they went on record as diphtheria and as cured by antitoxin. didn't fine me; they let me go.

Dr. Maxwell reports some cases of diphtheria. One member of the family got well; another took the disease and died from the effect of the poison on the nervous system, and one died from the laryngeal type. For four years after that he had not had a case of true diphtheria, and in his entire practice of seventeen or eighteen years he didn't think he had had to exceed twenty-five cases of true diphtheria. He had had some cases of the croupous variety treated without antitoxin and they died. Others had been treated surgically and they died. Those croupous cases in which antitoxin was used got well in every instance.

Dr. Rust called attention to the carbolic acid element in the antitoxin as being the undoubted remedial agent in the cure effected, and not the serum, and that when death ensued it was from the absorption of the horse serum poison.

DR. ZBINDEN: I have had a little experience with diphtheria and antitoxin; have used the remedy in about fifteen cases. I know when I get a bad case of diphtheria my duty is to use antitoxin, for it saves the patient. Antitoxin helped me in nearly every case when the nose and throat were full of membrane and the glands swollen. I don't know whether it is the carbolic acid or the serum from the horse which effects the cure, but sometime I will try the carbolic acid injection alone.

Dr. Rhonehouse had had three cases in which he used antitoxin, and the three died. The other cases not so treated got well.

Dr. Walton spoke in reference to the use of carbolic acid, giving the accredited proportions. He had used antitoxin and the patients had died. But when he had used good homeopathic remedies, upon proper indications, his patients had ordinarily gotten well.

Dr. Coffeen repeats that he doesn't think that he has had a dozen cases of true diphtheria, and he has practiced medicine for twenty years. He contended that it was wrong to frighten a community unnecessarily. If it be true that there is a severe epidemic of diphtheria it may be proper enough, but even then it isn't the best policy. We should be very sure of our cases before making report.

Dr. C. E. House had been using antitoxin for the last three years, and also homeopathic remedies with it, and the cases where he had: used antitoxin got well in three or four days.

DR. BECKWITH: It is a great way to make an argument to ask a man how he knows anything. We know these things from common observation, supplemented by the statistics which the scientific world presents from numberless sources, which we as a profession accept as true. What higher source of information can we have? Here and there isolated cases which do or do not get well furnish no absolute test of the value or non-value of any measure. Other elements enter into the problem than merely the presence of the disease and the recovery. But by taking the whole professional world, or such large parts of it as are accessible to us, we must abide by their statements. I am really astonished at the ignorance of some of the speakers as to the true scope and value of vaccination. It is a fact that there was at least one-twentieth less death rate in the German army than in the French army—

DR. WALTON: But you must consider something of the relative value of the people themselves. The German soldier is a well-kept athlete, whose hygienic surroundings are of the most severe and proper; while the French soldier is neither the one nor observes the other.

DR. BECKWITH: I have been through three epidemics of small-pox, and I know that when vaccination is thoroughly done, as Dr. Baxter has just stated, it acts as a sure preventive. The only way to make sure of the vaccination is to vaccinate and revaccinate.

DR, WALTON: And then put that child alongside of a smallpox case and it will contract the disease.

DR. BECKWITH: I don't believe any such thing. If the child is thoroughly vaccinated it will not take the smallpox. A few weeks ago I was called to attend a boy 10 years of age with smallpox. The family, consisting of five children, were all vaccinated about three years ago, except the boy who had smallpox. Having some eruption I deemed it advisable not to vaccinate him. After the symptoms developed, and when only two or three pustules had made their appearance, the whole family, with others in the home, were vaccinated. The disease ran its course, the boy was kept isolated from the family, made a good recovery, and the household had no symptoms of varioloid.

Dr. Walton answered that they might have been immune without the vaccination.

Dr. Morley claimed that the vaccinated person is liable to have smallpox again and again in even the modified form. That it is no protection after once the poison of the calf is disseminated through the patient's system.

The remainder of a half hour was consumed in discussing the relative merits and demerits of vaccination, the one side with as many arguments apparently as the other, each convincingly certain that he was right. Dr. Beckwith, the essayist, quoted from Surgeon General Sternberg, touching the undoubted merits of thorough vaccination, while the Chairman and others quoted the action of England in removing the obligatory part of the vaccination act.

MEANS FOR THE PREVENTION OF TUBERCULOSIS.

By Horace B. VanNorman, M. A., M. D., Cleveland.

Oliver Wendell Holmes sayes: "Science is a first rate piece of furniture for a man's upper chamber, if he has common sense on the ground floor, but if a man has not plenty of good common sense, the more science he has the worse for the patient."

We are face to face with the most fatal scourge which has ever been known to the human race. What can we do to stamp out this ever present slayer of humanity? The high and the low, the rich and the poor alike feel its deadly grasp. In the palace and the hovel may be found the rasping cough. The wasting form of a loved one may be seen in the carriage or on the street. Friends hurry their dear ones to distant shores and climes: the warm, the cold, the dry, the moist, each in turn, is tried and yet the fiery furnace still blazes within and the life of the wisest and best yields up its existence. The heart grows sick and faint as one contemplates the number of friends and patients who have thus succumbed to the inevitable. Someone says, "but we must all die;" very true, but the consumptive often dies before his time, and it is this we are striving to prevent, to stay the icy hand of the dreaded disease. Can the predisposed be prevented from entering into the still and silent current which sweeps them into eternity at so great a rate? Can the person exposed to the influence of tuberculosis be immune?

Even in 1700 the people in some parts of Europe believed tuberculosis to be contagious, but how they did not understand; yet cases were isolated after the lungs began to decay. It was supposed that the odor from the body and the breath contained the contagion; but with all the precautions of the past century, consumption steadily increased, and not until 1882, did Dr. Koch discover that the real cause of the contagion of consumption was the introduction of the living germ from the consumptive, into the living subject. This discoverer was pleased to call this germ the bacillus tuberculosis.

Now it is easy enough to understand how this dreaded disease can be taken from one another and not inherited, as had been believed up to this discovery of Dr. Robert Koch. Now it is generally conceded that the tubercle bacillus may be inhaled by breathing dried pulverized sputa containing the tubercle bacilli. Again, another source of contagion comes by eating the flesh and drinking the milk of tuberculous animals.

Advanced civilization and medical science have performed wonders in stamping out such contagious diseases as small pox, cholera, the plague, typhus fever and yellow fever. In states and countries where united and persevering efforts have been made to resist the onward march of a more dreadful scourge than any of the above diseases; yes, worse than all combined, a great decrease in that disease has been noticed. In 1889 the New York Board of Health began an educational campaign in relation to the causation and prevention of consumption. Circulars were sent to physicians and individuals afflicted with the disease. Persons designed for this especial purpose visited all those afflicted with consumption and were directed to teach each one the real contagiousness of the disease. The results were most gratifying in districts where the above instructions were thoroughly carried out.

In England and Wales the death rate from consumption has been reduced from more than thirty eight in ten thousand, to about thirteen in ten thousand at the present time. It is now generally conceded that if all the sputa of all the consumptives could be collected and destroyed as fast as raised from the diseased lungs, consumption would in a few years be stamped out with but here and and there an exceptional case.

There is but little doubt that the expectoration of a consumptive person contains the germs of the disease and, if allowed to dry and become pulverized into dust, the germs being thus inhaled by a susceptible person, the danger of contamination is certain. Undoubtedly some persons are immune from consumption as others are from other contagious diseases. Some throats and lungs are very fertile soil in which the tubercular bacilli will thrive and develope.

Not all cases of consumption are tubercular, some are catarrhal in the first stages, but being exposed to the tubercular bacilli dust, the chances are they will become tubercular very easily. It appears to me that the dust of our cities is much more apt to become impregnated with the consumptive germ than in the country.

But there are objections to the germ theory, and not all physicians are in accord with it either in consumption or other diseases. They follow their own ways and have, perhaps as great success attend their practice as the germist. I fear we do not fully understand the nature of this dreadful disease, and yet, one must admit that where a persevering effort to stamp it out has been put forth in many states and countries for any length of time a very decided decrease is noticed.

It is truthfully said, perhaps, that even if pulmonary phthisis is on the decrease, that tabes mesenterica, to which children are especially liable, instead of decreasing, has increased in mortality. Why may this be true? Dr. Richard Thorne gives an explanation, claiming that whereas pulmonary consumption in the majority of cases is believed to be inhaled into the lungs from the dried and pulverized sputa of persons already suffering from that disease, tabes mesenterica is mainly caused by the ingestion of food, especially of uncooked milk from diseased cows, which contains the tubercle bacilli in an active, infective state, and they find their way into the glands of the mesentery by way of the digestive tract.

Now, if it be a fact that consumption is caused by the dried sputa being inhaled, then the systematic removal of this with other filth from the streets and dwellings will tend to reduce the number of cases of this fell destroyer.

On the contrary, inasmuch as cow's milk is used by children even more now than formerly, and the prevailing opinion is that milk is harder to digest if scalded, as a consequence, the raw milk is used, and this of itself would explain the increase of tabes mesenterica.

If the above be true, then milk and all kinds of meats should be thoroughly cooked before they are fit for use: raw beef doctors to the contrary, notwithstanding.

The French physicians, M. Duber, M. Batallion and M. Terre, reported to the Academy of Science an instance which is not only probably unique, but presents several points of scientific interest. The sputa and dejecta of a woman in an advanced stage of pulmonary and intestinal tuberculosis, having been thrown into a fish pond, many of the fish had been observed to swell and die, and upon examination, their livers and spleens were found to be filled with tubercle bacilli. Such fish for food would be very objectionable.

Colonel Brener, of the Salvation Army, recently from Paris, said the conditions of labor in Europe are a hundred times worse than they are in this country. He gives an instance of a woman in Paris supporting a consumptive husband and three children, in a hovel, on eight cents a day earned by making fringe and tassels for rugs. This perhaps not an exceptional case, brings to light how even the most careful of us might be exposed to contagious diseases brought to this country by the importation of foreign goods, made by the diseased and half-starved sons of toil in foreign lands.

AIR AND SUNLIGHT.

Individuals unfortunate enough to have weak lungs or sensitive air passages should avoid north and east winds, especially when the air is filled with dust, for in the dust are irritating particles which congest the sensitive membranes of the delicate air passages and a cough Always remember that consumption thrives best in dark, dingy, damp rooms, and that the sunlight is one of God's own medicines for healing the sick. Pure air is like unto sunshine for preventing this terrible disease. It is impossible to prevent the lungs from becoming diseased, the blood from being impoverished, and a low state of vitality, in a poisonous atmosphere. Open the windows to get the fresh air. Up with the window shades and let the sunlight of heaven come into dingy homes and renew the air and make it healthy as you would for a plant or flower. Live out of doors when Take sufficient exercise to keep up the strength of the it is prudent. body.

GERMICIDES.

There are many so-called germicides that may be used as preventives in consumption, but formaldehyde seems to be the most effective.

It is reasonable to suppose that if a small quantity of this drug introduced into the milk used by the milkman will keep it from becoming sour, it might become a powerful agent for good to destroy the contagious influence more or less prevalent in every sick room. This can be done by hanging a cloth sprinkled with the germicide in the room occupied by the tuberculous patient.

The forty per cent. solution is much too strong to begin with, and must be reduced to about a five per cent. solution and increased to eight or ten per cent. as the patient can bear it. From three to five drops of a five per cent. solution may be inhaled through an Underwood inspirator, with good effect, should the patient be fortunate enough to have one.

When one becomes discouraged because of other cases of consumption in the family, and the trusted physician gives no particular encouragement, the case becomes desperate, and unless the patient could develope superhuman courage and will power, in many cases there would be no hope whatever; but where there is determination to conquer and live, then one begins to look about for help in the way of Many have been benefited by out of door employment or exercise; in developing of the body by rowing, hunting, walking and deep breathing, so holding the lips as to expel the air from the lungs slowly. However, deep breathing may be more perfectly accomplished by breathing through a tube three or four inches long, in which a valve is so placed that the air can be drawn in much faster than it can be expelled back through the tube, on account of the partial closure of the valve. If every young person predisposed to lung trouble would use the tube perseveringly every day, there would be fewer deaths from consumption. When the tube fails to strengthen the voice for singing or speaking, and to secure for the afflicted greater capacity, it is because the person neglects to persevere in its I strongly recommend the use of the tube systematically, as you would eat your meals, or take medicine when in need of it. No one who has a weak voice for speaking, singing or even talking can help but be benefited by the use of the tube. It should be used in the morning on an empty stomach, and there must be effort put forth as you would in performing a piece of work of any kind in which you were interested and which you were determined to accomplish.

At first, care must be taken, but after a few weeks an hour and a half each day can be spent very profitably and with most gratifying results. Deep breathing, either with or without the inhaling tube, in the pure air and sunlight of heaven is one of the very best and most profitable exercises in which one with contracted lungs can engage. The object to be obtained by this mode of exercise is to supply the lung tissue with greater power of resistance to disease, strengthening and invigorating the lungs and producing more lung capacity. lung capacity gives pure oxygenized blood, and this, in turn, reaches the vital forces and the mainspring of life. Deep inspiration not only strengthens the lungs, but strengthens the stomach and bowels, producing better digestion and assimilation, making resistance to disease more effective. Weak lungs, weak bowels, and short breath mean a weaker hold of life and feebler resistance to the tubercular bacilli. Many young people are in great danger of lung disease owing to the undeveloped condition of lung tissue. They should be taught that to expand the lungs would be to give them a longer life and greater happiness.

USE OF INSPIRATORS.

All the inspirators used for the treatment of diseases of the respiratory tract are of great benefit, but those where the air is heated and dry give me the best satisfaction and prevent more cases of consumption coming to a fatal termination than any other mode of treatment. I have used the Underwood universal pulmonary inspirator for about six years, and find nothing to equal it either to relieve coughs and lung diseases of all kinds, or to develope strength and lung tissue in the feeble.

CARE IN CLOTHING THE BODY.

Great care must be taken in this changeable climate as to the warmth of the body and limbs, and especially the feet. Walking must be persevered in, and when the feet are cold, vigorous effort must be made to exercise the toes by drawing them backward, pressing hard upon the sole of the shoe to create friction. This must be persevered

in with rapid motion for an indefinite time, or until warmth is restored. Shoes large enough to admit of cork insoles and woolen socks should be worn.

I prefer water-proof shoes to wearing rubbers, when walking for exercise and for nearly all uses, rubbers only being worn in rain or snow. During the last winter I have worn water-proof shoes with rubber soles and have thus protected my feet almost entirely and find it much better for me than the old way of wearing rubbers every time The feet when used much give off a perspiration one steps out. which, when rubbers are worn, is retained in and about the feet. ride too much and walk too little. All should walk more and breathe more, and there would be less panting and shortness of breath as we grow older. I do not favor the so-called lung protectors. should be protected as well as the rest of the body, but no better. Keep the feet and legs warm and use them vigorously so the circulation will be free and easy all over the body, and the lungs being free from congestion by being kept too warm will take care of themselves. Walk, walk, three miles a day or more and breathe as you walk and lung disease will flee away.

FOOD.

How can the vital force be kept up when there is such a wasting of the tissues of the whole body? By making the physical and mental as nearly equal as possible. Abundant rest and sleep, with the best food, in order that the lowered vitality caused by malnutrition, can be restored. The consuming process which is going on from day to day must be arrested, and lost strength and vigor give place to restored vitality; feeble digestion give place to well digested and assimilated food.

Abundant pure air, abundant sunshine, abundant deep breathing, abundant exercise, abundant healthy food, and the degenerating of tissues may be changed to restored vigorous vital forces.

Dr. Rust referred to the mention of the Underwood instrument, and added that he had been using it for over three years with great satisfaction in old bronchial troubles. He also said, referring to that subject in the essayist's paper, that the best lung protector was good protection to the soles of the feet.

Dr. Gann said that it was very important to think of the protection and care of the feet, asserting that he had best results in his treatment of such cases where the feet are well dressed. He had found cases that could not wear woolen without perspiring profusely, and when changed to cotton that condition changed completely with most happy results. The protection of the lungs was most evidently a very He believed that tuberculosis was primarily induced important fact. in weakened tissue, and that weakened tissue is induced by the contracted condition of the intercostal muscle. He believed that the vigor with which a person who is chilly attempts to restore the warmth produces a congested condition which promptly prevents a reaction of the healthy blood. If one can but succeed in keeping the intercostal muscle active much can be done to prevent this condition which we fear so generally. He did not believe that the falling in of the chest walls is due to the absorption of the decayed or lung tissue, but rather to the contraction of the intercostal muscle.

Dr. Arndt, after explaining the muscle distribution concerned in the proper respiratory process, went on to say, that he did not place much faith in the artificial respiratory aids, because they failed to give the continued action to the external intercostals, thus developing but one set of the respiratory muscles. By deep, slow breathing both sets are exercised. Dr. Arndt knew something of this subject, having had experience in his own case. It was like back-pedalling on a bicycle to do this exhalation properly. Slow expiration will develop the inspiratory as well as the expiratory muscles. The patient very naturally doesn't want to do it, it takes too much time and it is troublesome. He believed that the best protection for the chest was in good circulation of the blood, cold baths, and vigorous friction of the skin. He invariably took woolen garments off his tuberculosis patients, and substituted cold baths, vigorous friction and cotton against the skin.

Dr. Childs was much pleased with the paper and congratulated the essayist; he agreed with the various recommendations of the paper. All these devices offered by Dr. VanNorman and other recommenders and teachers are in the direction of producing stimulation of the weakened vitality. Still there was a keynote which had not yet been struck either by the essayist or the discussers, and that was, "Don't starve your consumptive patient!" Get oxygen into his system, get exercise for his mind and body, make blood—for he lacks blood and it is

because of that lack that they are consumed. It is not because they haven't enough to eat, but they have no faculty to make blood out of the things they eat. That lack of faculty is inherited. You cannot make reliable statistics by taking the present number of consumptives in any given area and estimating them by the number of deaths. You must take a certain number of citizens that have been raised for three or four generations in this country and compare them with the generations before and you will find that the generations now are ten to one more consumptive than they were formerly—say a hundred years ago. The reason is the lack of hereditary vitality. When a person is born with a debilitated constitution, sooner or later that person is going to be consumed. They are endowed with just so much vitality at their conception. All these means that are recommended only produce a stimulated vitality for eking out the debilitated vitality. It is necessary to make blood. The life is blood, and without blood there is The blood in the consumptive is eaten up faster than it can be made. A man enervates himself and from that he glides into consumption. It doesn't make a cent's worth of difference whether you have the tuberculosis germs or not, to produce consumption in a tuberculous dyscrasia. These germs are nothing but scavengers—to eat up the dirty, rotten states that have arisen in the human system through the tuberculous habit and debility. Wherever the carcass is there the fowls will be to devour it.

Dr. Walton said that instead of taking a tube in the morning on an empty stomach he preferred something more substantial, some boiled eggs, buckwheat cakes, and a cup of coffee. In regard to the protection of the chest we should not forget that the chest runs all the way round between the shoulder blades, and merely covering the front of the body and leaving the back and shoulders unprotected fails of helping the patient any. Many a patient gets cold through his knees and shoulders when the front parts of the body are well covered and protected.

DR. VAN NORMAN: The objection raised concerning woolen or cotton socks is trivial. You can walk farther with woolen than with cotton socks, and they do not make corns quite so quickly. What if you do perspire freely? Is it not beneficial? It will drive the impurities from the body. Now, of course, when we exercise the lungs we strengthen both the muscles of expansion and contraction. I can give

you my own case. I could expand scarcely an inch and a half and was advised to leave this country and go to a warmer climate. this inspirator persistently and can now expand fully four inches and have a lung capacity of 260 cubic inches, as shown by the spirometer. I know these things can be done. Taken in time, consumption can be arrested. I do use the tube on an empty stomach. It is a good thing. You must have lung tissue in order to have strong lungs. One of the gentlemen spoke of making blood by eating. It is, of course, true that food makes blood and we must have food in order to live, but lung tissue is increased and strengthened by use and exercise, just as the muscles in the arm are made strong by exercise. not expect an arm grown soft and flabby from disuse to become strong simply by eating, the arm must be exercised in order to become strong and healthy, and the same is true of lung tissue. The lungs must also have an adequate amount of oxygen on which they may feed in order to grow strong, but weak, disused lungs will not inhale sufficient air to supply the required amount of oxygen, and so I supply them with oxygen through the inspirator.

PERSONAL CLEANLINESS.

By P. H. Sigrist, B. S., M. D., New Philadelphia.

It is not my purpose to enter at length upon the discussion of this subject. That would be to exceed both the limits and object of this paper. What more nearly concerns us here is to examine somewhat into those conditions which of themselves are capable of producing a state of things within the domain of human economy favorable to the invasion of disease. Prior to and during the most devastating epidemic, of which we have any reliable history, that ever prevailed—that which swept through Europe and northern Asia about the middle of the fourteenth century—the people were content and even encouraged to live without regard to personal cleanliness. Typhus fever, typhoid fever, jail fever, hospital fever, ship fever, scarlet fever and other fevers, smallpox, measles, whooping cough and diphtheria find their conditions in dirt—modify the terms as you like.

The first bacterium ever discovered was in a drop of putrid water. This discovery was made by Leeuwenhoeck in 1675. In the progress

of bacteriological knowledge we have learned that bacteria are essential to the putrefaction of organic matter; that the existence of bacteria, therefore, is co-extensive with putrifying material in time and place from the beginning, and that wherever putrescible matter exists; on the surface of the earth, in the soil, in the water, on the human body or in the air—there bacteria abound.

Like all living things, bacteria grow only at the expense of the food which they consume. Their viability depends more or less upon the presence of oxygen, though some can do without it; the presence or absence of moisture; the degree of temperature; the presence or absence of other agencies—antiseptics, germicides, cleanliness, etc.—and doubtless some conditions beyond our conception. The spores of bacteria, the seeds, are of all things viable the most persistent. So long as they do not germinate, do not encounter congenial conditions for development so far as time is concerned—in the absence of destructive agencies—the spores of bacteria are practically harmless. Bacteria, as other organisms, have their seasonable adaptations and favorable climates.

Uncleanliness is a prolific source of contamination. Scabies, pediculus capitis, pediculus corporis and pediculus pubis is seen mostly on persons who are habitually unclean in their habits. The practical application of this summary is personal cleanliness.

We, as physicians, have golden opportunities to teach individuals to be cleanly.

Homes, villages and cities are composed of individuals.

BUREAU OF MATERIA MEDICA.

FRANK KRAFT, M. D., "Medical Skepticism."	Cleveland.
H. E. BEEBE, M. D., "Lycopodium."	Sidney_
F. A. SMITH, M. D., "The Study of Materia Medica."	Zanesville.
J. P. HERSHBERGER, M. D., Chairman,	Lancaster.

MEDICAL SKEPTICISM.

By FRANK KRAFT, M. D., Cleveland.

Every homeopathic physician knows that after a few years of general practice he finds himself neglecting a goodly number of the bottles he has been carrying in his pocket-case since his graduation; and that, presently, when he gets a new pocket-case, he will leave out many of the old bottles and put them in a pigeon-hole of his desk—not throwing them away by any means, but, because of the infrequency of their use, he no longer deems it necessary to carry them about with him in his daily rounds.

Why do we do this? Why have we lost faith in the value of these remedies? For that is what the annual shedding of a bottle or two means, when it is boiled down to a rock basis. Why are we rapidly treading in the footsteps of the old school, with its avowed indifference and neglect of its therapeutics? Why has it become necessary for so many of our number to resort to the cheap and ready made specifics of the pharmaceutical drummer who sings his siren song as he darkens our office door and takes up our valuable time? Why has it become possible for a homeopathic professor in a homeopathic college to publish in a homeopathic magazine his unstinted recommendation of a Made in-Germany monopoly drug, of whose ingredients he knows nothing, as a positive and unfailing cure for chronic gonorrhoea?

There are several reasons. I will not refer, except briefly and in passing, to the prevalent craze of some of the schools in shouldering out the materia medica and shouldering in the specialties. These

latter, necessarily, limit the homeopathic specialist in the choice of his remedies to a slim, thin red line, which remedies are known for their physiologic rather than their dynamic effect.

But the real reason, in my estimation, or the chief reason, lies in what the French call an embarrassment of riches. We have too many remedies. Some of these are well proved and worthy, and never fail of responding promptly when duly indicated and properly applied. Others are not so well proved, and in a little while, as they fail of rendering us any perceptible assistance, are dropped and forgotten. Secondly (and this grows naturally out of the reason just given), there is the consequent lack of proper instruction and understanding of all this multitude of remedies. The human memory cannot assimilate Even when sufficiently well understood to pass the student under the wire-afterwards, in the rough and tumble of general practice, from infrequency of use, they are soon lost or forgotten. And, finally, when the doctor gets marooned in a busy practice, where the routine is sometimes most deadly, he, first, lacks the time, and later the inclination to keep brushed up on the infrequent remedies of his former pocket or buggy-case full of bottles, in this but presaging that period of medical skepticisim to which I refer.

I believe it to be one of the fatal defects in our homeopathic teaching that we make ourselves believe that a half dozen well conned key note symptoms of a couple of hundred remedies will suffice for practice at the bedside or elsewhere. And this, in many of the schools even to this day, constitutes the sum total of materia medica teaching. I say this in all kindness, for I appreciate the difficulties under which the teacher labors who is given but two or three hours a week for two sessions out of four wherein to quiz and lecture on two or three hundred remedies. And as materia medica, which a few of us still thoughtlessly refer to as the homeopathic and essential part of a homeopathic school, is but one chair in a dozen or more of neutral or but thinly veiled antagonistic ones, what could be expected as a result?

Materia medica is dry and uninteresting unless in the hands of an enthusiastic and living teacher. Manuscript and books alone will not teach it any more than they would teach surgery or gynecology. That does not, however, excuse the poor or lifeless presentation of materia medica from a dusty and time-bitten manuscript without embellishment or aid of any sort whatever. I admit this to be my hobby, and that I

am like to ride it to death; still when I look about me and see so many former enthusiastic prescribers and close followers of the law falling by the wayside, it gives me courage to make further effort to point out the cause of the palpable skepticism which is steadily and deadlily creeping into our ranks, and so hope to enlist a reform.

There does not to me seem to be any good reason why the teaching and study of materia medica should not and could not be made attractive. I believe that my good friend, Dr. Dewey, has hit upon a novel plan—that of planting the flowers of our materia medica in the garden of his new Homeopathic Hospital at Ann Arbor, and there, emulating the old sages and philosophers who took their pupils into the groves to teach them, show them the flower, the while discoursing upon its beauty, its value and its practical use, so that after a little season of this manner of "personally conducted" materia medica teaching something will take hold on the memory which a future rush of work, and the palsying tiredness of an eighteen-hour day's work, with bad roads and worse pay, cannot ever wholly dislodge or rub out. Memory is much a matter of habit, and habit becomes second nature. We are summoned to the sick. We stand in his presence, and while questioning and examining and observing, the remedy suitable to the case in hand shapes itself in our mind, and that we give. times call it intuition. It is not so. Yet if at that moment we were put before the little Vehm Gericht of the medical college and required to give all the symptoms upon which we had prescribed that remedy but now in "a half-glass of water, please," we would fall far, very far indeed, below the graduation mark. Habit has taken the place of conscious memory. But this habit comes only after long and careful drilling of the memory and from painstaking practical application, and is the true test of our art.

If, now, for instance, the student were given a thorough drilling, say on twelve remedies, then on thirty, then on fifty, until he understood each group in its entirety—which is only another way of speaking of the Totality of Symptoms—he would not soon lose his faith, nor resort to the cruder and grosser measures and methods which vary the symptoms but do not always cure. But look at our materia medica to day. How many of us use Wyetha, or Fagopyrum, or Mancinella, or Jaborandi, or Jatropha, or Gratiola, or Colostrum, or Sambucus, or Mezereum, or Boletus, or Angustura, or Nuphar luteum, and so on to

the end of an almost interminable list? These are in the books and constitute a part of the materia medica lessons. Then there is another list of more familiar but yet less frequently used remedies which are also in danger of being thrust out into the utter darkness as time encompasses us about. From all these remedies, as they were read to you from the desk, you plucked here and there a brand from the burning of the professor's manuscript, and that same brand you gave back to him on the "finals," and still that same single brand you carried to your first case, and because it was but a brand—a hatful of unrelated and almost isolated symptoms—you failed of curing your patient. Then what happened?

After awhile you found yourself communing somewhat after this fashion: "I am not so sure about that opium stool as I was when the professor read it off to us as a prime indication for the use of opium; I have lost considerable of my enthusiasm for the bryonia immobility, for I have seen him very restless; and I am at sea to explain how that a clear nux vomica bowel symptom did not give way to nux. I have tried them all and failed. I will not attempt it again. I must use something better and stronger, else I am undone." Then follows the casting out of bottles and the shrinking of the pocket case.

Materia medica, which in this paper includes homeopathic practice, is deserving of a place all by itself, where it can be exemplified and taught, and made a living thing. So long, however, as it forms but a small part of the medical curriculum, and is only studied for the purpose, latent or avowed, of "passing," just so long there is danger of the student in time falling away from homeopathy and reaching out and revelling in the flesh pots of the enemy.

What we need to day, and, indeed, must have, is a revision, not so much of materia medica as of its teaching. It must be properly taught, with an eye singled to its instant and practical use. There should be fewer remedies taught from the desk, and these selected ones so well and persistently taught that they will stand out like a pillar of fire by night to encourage the harrassed and troubled homeopath as he flounders in the slough of over many remedies, and fearsomely wonders which of the five hundred or more key-notes, locked up in his note book, on the top of a dusty shelf of his library, eight miles away, is the proper key to unlock this present case. Further, we need, every man and woman of us, to set aside every day of our lives, as

did Hering, an hour more or less, in which to browze in the materia medica, and thus keep ourselves bright and ready. The surgeon studies before he touches an intricate case. The lawyer does this before he enters upon the uncertain sea of the law. The minister never lays down his Bible until he lays down life itself. Why should we throw down our text-books upon leaving the hard benches in the alma mater and essay to practice on half knowledge gathered at the schools?

Let us, therefore, as teachers, and as conscientious practitioners, select twelve, or thirty, or fifty remedies, and study and work with them each day; study them in their entirety, until they become flesh of our flesh and bone of our bone. Let us lay aside those silly, childish catch as catch can notes we caught from the professor's manuscript years ago, and turn at once to the fountain-head for a satisfactory draught of the living water. College knowledge is the showing and instruction in the use of the tools of our profession. The practice of medicine, as we have all learned, is vastly different from mere routine knowledge of the tools. If we will concentrate our teaching and our study to the things essential, and touch but lightly those things but barely essential, and ignore severely the purely speculative and hypothetical, there will soon come to us again the fierce fire of our youth, the ardor of enthusiasm, and the faith that maketh whole. would be less therapeutic skepticism and more homeopathy. And the temptation to reach out for the forbidden fruit in the other orchard will, little by little, fade out of sight and out of memory.

LYCOPODIUM.

By HENRY E. BEEBE, M. D., Sidney.

While the major part of the medical profession knows comparatively nothing of the therapeutic properties of this remedy, because they consider it almost wholly inert, the standard old polychrest, and markedly reliable Hahnemann antipsoric needs no introduction to homeopaths, since it belongs almost exclusively to our school. Yet, do all homeopathic physicians fully realize its value? We fear some too frequently neglect its use.

When I entered the profession I had little confidence in this drug, but the longer I practice the oftener I use it, because my clinical experince shows that I get positive results from its use. For this reason we feel justified in reviewing and emphasizing an old well-tried remedy, and while doing so be it remembered that we are not attempting to advance anything new.

Lycopodium has a special affinity for mucous membranes, more particularly those of the lungs and digestive organs, though it has a decided action upon the kidneys. Its leading effect is on the vegetative sphere of the organism, producing an atonic state, with congestion, catarrhal inflammation and copious mucous discharges; subacute and catarrhal congestions where the reactive forces are deficient.

While it responds to all ages, by reason of its great atonic action, it is of most use in diseases of children and old people. Its influence on the organic nervous system is such that Burt gives it five centers of action—mucous membranes, digestive organs, liver, lymphatics and skin. Whenever any of these centers is in a state of torpor, think of lycopodium, but don't prescribe it without further indications for this condition; feebleness of reactive powers alone is far from being sufficient to demand it.

With the lycopodium patient the intellectual man exceeds the physical; the muscular development is weak; he is lean, pale and has a bilious or swarthy, sallow complexion, and is not as old as he looks. His eyes are sunken and have dark rings about them; he is subject to liver and lung troubles, circulation is poor, extremities are cold, and his diseases have a tendency to become chronic. He is subject to spells of despondency, loss of memory, is impatient and irritable. There is a sour, bitter taste, or putrid taste in the morning on arising, coated tongue, with a sense of fulness after a few mouthfuls of food. although hungry (china. nat. mur.), and a constant fermentation in the abdomen, with accumulation of much flatus in the small intestines. The bowels are constipated, with spasmodic painful constriction of the rectum and anus, which prevents or is followed with an incomplete and unsatisfactory evacuation, leaving a sensation as if a quantity still remained. Lycopodium resembles nux in the ineffectual urging, but nux is more fitful in action.

In gastric, liver and bowel troubles, especially the latter, where the functional power is gradually weakened, the atony is marked by the excessive accumulation of gas, manifest by anorexia and much borborygmus, often greatest in the splenic region. This gas presses upward and causes difficulty in breathing. As a flatulent remedy the choice must often be made between it, china and carbo. veg. Digestion is slow and depressed.

Lycopodium in renal complaints, it is believed, depends upon its hepatic action. The urinary symptoms show the usual torpidity, by the excess of lithic acid deposits and turbid, bad smelling urine (nit. acid, berberis, benzoic acid), although it may be clear with the actual red sand in the bottom of the vessel. Pain before urinating, with relief when the flow starts. Red sand in the diaper of babies.

To me this remedy has been of wonderful value in the relief it brings in organic respiratory troubles, especially in passive catarrh of the air passages. For this particular reason I bring it forward at this time. I have found its greatest use in overcoming that tendency in acute lung troubles to take on subacute and chronic types, such as we have following bronchitis and neglected pneumonia, especially so where there is much general weakness and emaciation of the upper part of the body, while the lower part is large or bloated. The hepatized lung, and where there is a slow convalescence in any of the persistent catarrhal pulmonary diseases, with purulent sputa, respond to this remedy when indicated by these leading symptoms, similar but unlike sulphur and tartar emetic.

The patient is subject to frequent relapses; takes cold easily; cold air chills him through and through, and he is worse in the open air, although there be a desire for open air. In bronchial catarrh there is a passive congestion; the sputum tastes salty, is thick, muco purulent, yellow or greenish, or copious. The cough is, or sounds, loose and rattling, but the expectoration is not easy; it remains in the lungs and causes violent oppression, as if the chest were cramped. The mucous rales are loud and breath short, often worse at night. There is a tendency to emphysema, with tickling cough, much clammy, sour, fetid sweat about the chest. The characteristic symptom of fan like motion of the alae nasi in respiratory troubles is often verified. Like sulphur and phosphorus, lycopodium has burning pains between the scapula.

Where we find these pulmonary symptoms, with lycopodium's general characteristics, we can depend upon a favorable response from

the use of this old standard remedy. You who consider it inert and doubt its efficacy in organic disease try it in passive catarrhal pulmonary congestions and see how well these indications will be verified.

DR. BAXTER: I think one reason why this remedy is not more frequently used, or why the profession have so little faith in it, is because they overlook the fact that it is one of the remedies that is comparatively or almost inert in its crude form. This has been accounted for by some, I do not recall now by whom, who explain that it is made up of little particles that are encased in a sheath or shell; that it is necessary that this shell shall be broken, thoroughly broken, and the purer kernel, so to speak, liberated and broken up. It is so small that it is extremely difficult to do it, and it can only be done by prolonged trituration, prolonged grinding. The lycopodium that we get is deficient in this particular, that sufficient care has not been taken in its preparation. This also leads to the suggestion that in the lower attenuation, at least that has been my experience with it, we get less satisfactory results, less marked results, than in triturations of a little higher—the twelfth or thirtieth. Another thing that I think leads to its disuse, or sometimes to its reported failures, is the fact that it is a slow-acting remedy in producing symptoms. The characteristics are. as explained by Dr. Beebe, most prominent in chronic diseases, or where there is a tendency to become chronic; in other words, in those diseases that are slow and insidious, but steady in their progress and The diseases in which it is indicated are slow in their progress, as is the remedy in removing them. Don't be in too much of a hurry for decided results in lycopodium. Select the remedy carefully and then stick to it for a considerable time. Don't change to another. Don't expect too prompt results. By and by you will find the accumulation that will gather force as time goes on, and the first thing you know your patient is well. Remember that this is a slow-acting remedy and give it time to act.

DR. CHILDS: I want to supplement what Dr. Baxter has said by saying, don't give but one dose.

THE STUDY OF MATERIA MEDICA.

By FRANCIS A. SMITH, M. D., Zanesville.

The study of materia medica is an interesting one, especially when we contemplate that each drug has its characteristics which distinguishes it from every other drug; its vital essence which may be said to correspond to the nervous force of the animal organism; its increased or lessened energy by attenuation; its duality of action; its ability to remove a diseased condition represented by the symptoms which it is itself capable of producing in a like manner.

The student should not, however, rest in the delusion that finding and administering the similimum is always the annihilation of the disease. Symptoms are but expressions of nerve irritation, and may be produced by agencies which cannot be removed by any drug action. The necessity, therefore, of a thorough knowledge of pathology and physical diagnosis becomes apparent.

No one should be graduated from a medical school who has not given pathology careful and comprehensive study. The study of diseases, their nature, their manifestations, their duration, their causes and their prognosis is absolutely essentially to the correct and intelligent practice of medicine.

The law of "Similia Similibus Curantur" is as true to-day as it was a hundred years ago, but we cannot expect it to perform impossibilities. A deflection of the uterus, or presence of the bacillus tuberculosis in the system, each is productive of a totality of symptoms which, if associated with an absence of diagnostic ability and knowledge of pathology, would lead the prescriber into fatal error. It is therefore necessary for the student of materia medica to keep pace with the medical progress of to-day. His investigations of the law of cure, and of the attenuation of drugs, will not conflict with the truth of physicology and pathology. His success in the administration of the indicated remedy will be all the more perfect by the consultation and co-operation, when needed, of chemistry, the microscope or surgery. A fuller measure of success in the relief or cure of the ills that afflict humanity may thus be expected, and honest recognition of the merits of our materia medica be none the less received.

IODOFORM.

By J. P. HERSHBERGER, M. D., Lancaster.

Chemical formula C H I 3, twenty-nine parts in thirty of its composition being iodine. Hence we would expect its action to be similar to that of iodine. This can be seen to be untrue by reference to its action in the experiments on animals as observed by Stille, who says: "The large proportion of iodine in this compound has led to its being ranked among the preparations of that substance, but a brief description of its action will throw doubts upon the propriety of this arrange-Given to dogs in dose of 10 15 grains, it occasions a sort of intoxication followed by depression. The animal lies still, and if he isaroused staggers in walking and then falls on his side. After a few hours no traces of these effects remain. If the dose amounts to fifty or sixty grains, prostration and intoxication are succeeded by rapid pulse, with spasms of the limbs and opisthotonos, which occur in paroxysms ending in death. The breath smells strong of the medicine. These phenomena appear to show that iodoform, by its primary action, at least should be ranked with the anesthetics. They give no indication of the large proportion of iodine it contains."

In poisonous doses it produces fatty degeneration. It produces spasms, with exaltation of the reflex irritability. The convulsions are uninfluenced by section of the spinal cord. In chronic poisoning the symptoms develop slowly and insiduously. There is malaise, with loss of strength, loss of appetite and occasional vomiting. Headache is Patient wastes, becoming more prostrated, finally not uncommon. sinking into a comatose condition and dies. In some cases the symptoms have developed more suddenly, and have commenced with fever, headache or delirium. In some cases the symptoms have very closely resembled those of meningitis, a circumstance most usually noticed in children and young subjects. The provings of iodoform are very fragmentary, not having been carried out for any length of time, and are mostly only observations covering a very few days administration of the drug in the lower triturations.

Let us now look to the limited application of iodoform to the cure of disease. Most of the cases have been reported by the surgeons of the Regular school, who have used it mostly in the treatment of strictly

surgical cases. It has also been used by them for tubercular diseases of the joints by the injection method, and in some cases of tubercular diseases of the skin. It has recently been recommended by Mendel (Medical Pros., January 24, 1900) in the treatment of pulmonary tuberculosis by daily injections, through the mouth into the trachea, of a solution containing about two grains of iodoform in sterilized oil. patients in the first stage he has succeeded, after two or three weeks' treatment, in relieving the cough and expectoration, and even stopping them altogether; strength, sleep and appetite had also returned. the remaining stages of the malady the results were not so satisfactory, although in some cases expectoration is easier and less abundant, strength and appetite improved. Bartlett, in Goodno's Practice, speaks highly of it in tubercular meningitis. I would also refer you to a paper read before the Meissen Club of New York on Iodoform in Tubercular Meningitis by the late Dr. William S. Miner, of New York, published in the North American Journal of Homeopathy, February, 1896.

I have had one good result from iodoform in a case of tubercular meningitis treated three years ago. This case recovered, and the child is at present in apparent good health. Have used it in a number of cases of pulmonary tuberculosis. In the early stages of the disease it has produced more good results than any remedy ever tried by me. The observations above by Mendel have been corroborated in my Cases in the first stage recovering, and in the later stages palliation resulting. No doubt failures have frequently resulted by an improper use of iodoform in these cases. It should only be administered in the form of a freshly prepared trituration, as it deteriorates in a very The use of solutions invariably results in failure. cessful cases have all been treated by freshly prepared 2x and 3x triturations, giving about three grains every four hours. I am satisfied that iodoform is a remedy to be remembered in all cases of tubercular disease of whatever organs, and the nature of its action we may some day have further demonstrated by carefully conducted provings extending over periods sufficiently long to bring out its individual action which will distinguish it from all other iodine preparations.

Dr. Parmalee related the instance of sending East for iodoform pills to give to a patient who needed but would not submit to an operation. After two or three days some strange and startling symptoms were apparent which could not be accounted for. On careful investigation it was found that the pills were simply U. S. P. cathartic gelatine covered. He declined, in answer to Dr. Dewey's query, to say where he had sent for these pills.

Dr. Wood emphasized caution in the use of iodoform, especially in surgical work. He had some very unpleasant symptoms from the use of iodoform in the abdominal cavity. These symptoms became alarming and he believed would have proved fatal had not the offending iodoform been withdrawn. In one case of appendicitis the use of iodoform produced a discoloration of the urine; with the removal of the iodoform the urine cleared up and other untoward symptoms disappeared. In homeopathic doses it must have a wide field of action.

Dr. Zbinden had used iodoform in pulmonary consumption in two or three cases in one grain pills. One of the patients took these pills three or four times a day for several months, but they did not do her any good; the disease made its progress just the same.

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

H. B. HILLS, M. D.,	Youngstown.							
"Removal or Non-removal of Foreign Bodies from the Eye."								
R. G. REED, M. D., Chairman pro tem.,	Cincinnati.							
"Mastoiditis and Complications,"								

REMOVAL OR NON-REMOVAL OF FOREIGN BODIES FROM THE EYE.

By H. B. HILLS, M. D., Youngstown.

My object in writing this brief paper is to present a few cases in my practice which thus far have proved not only very interesting, but kept me, as it were, on the advanced picket line watching for trouble which at any time might occur.

Case 1. J. M., aged fifty years, called on me May 5th, 1894, to have a foreign body removed from the cornea of the left eye. He said that three days previous, while walking along a dusty and windswept street, both eyes were filled with dust and the left one had pained him ever since. I found the eye somewhat congested, no ciliary tenderness, pupil somewhat contracted, refracting media clear, and much photophobia and lachrymation. By the use of the oblique light I discovered a small particle of something dark in color lying to the nasal side of the pupillary space and apparently just in front of the membrane of Descemet. Because of its being so minute and its situation, I decided to leave it there and take the chances on recovery. He was sent home, directed to apply cold cloths for the next twenty-four hours, and to instill a weak solution of aconite every hour. In about three days every evidence of irritation had disappeared and he has had good vision and no trouble since.

Case 2. A. B., aged thirty-five, employed by the W. W. Co., had the cornea of the right eye pierced by a piece of porcelain about one-half the size of a pin head. I found this unwelcome visitor lying quite on the edge of the pupil, to the temporal side. While mentally hesitating as to the best means of removing it from its precarious position, it toppled over into the posterior chamber. He was sent home with directions to make cold applications for three days and return.

When he made his next visit his eye was perfectly clear, there had been no pain or trouble of any kind. The accident happened four months ago, and as his directions were to see me promptly in case the eye gave him any annoyance, and as I have not seen him since, I have no doubt the conditions are just as I left them.

Case 3. T. B., aged twenty-eight, works in a brick vard. called at my office six months ago. During the afternoon he had been chipping a hard stone, using a hammer and cold chisel for that purpose. An oval fragment of the stone, about the size of a twenty-five cent silver piece, very thin with serrated edges had struck him in the right eye, with the following somewhat remarkable results: a cut about one-quarter of an inch long, running nicely along the limbus on the temporal side. This cut was as clean, even and exact as could possibly have been done with a cataract knife. In the center of this cut and directly in the horizontal meridian was an iridectomy about three lines in width. So neatly, indeed, had this part of the iris been torn out that not a bit of it was found in what we may properly call the flap, the serrated edges of the fragment, no doubt, accounts for this. The ciliary bodies escaped, but a very small piece of the stone, about the size of a pin head, was discovered lying immediately behind the crystalline lens. There was no hemorrhage into the interior of the eye, the media were clear and no track of the piece where it passed into the fundus could be seen. It is barely possible, to be sure, that I was mistaken regarding the character of the "piece," and I sincerely hope I was. He was sent to the Mahoning Valley Hospital, where he was treated one week and discharged.

It might be added that I depended almost entirely on cold applications in his treatment. At what future hour any one of these cases may cause me trouble, I know not, but I should have considered it bad surgery to have used the knife in any of them.

MASTOIDITIS AND COMPLICATIONS.

By R. G. REED, M. D., Cincinnati.

These affections are invariably secondary to suppurative disease of the middle ear, hence this is the point at which their study should begin.

An estimate made from carefully compiled statistics from various sources shows that at least thirty per cent. of all ear disorders are suppurative diseases of the middle ear.

Five out of six of these cases come under the care of the aurist in the chronic form. These constitute the source from which arise the secondary affections now under consideration, as they rarely follow directly in the wake of primary acute inflammation.

The structure and location of the middle ear furnish all the requisites of a well regulated incubator, and various forms of micro-organisms exist in the discharges, and in the lesions following them. Of these organisms, the streptococcus and staphlococcus pyogenes seem to be the most virulent—the staphlococcus being always present in cases of intra-cranial complication.

The fetor of a discharge is due to the presence of bacilli, whose sole duty seems to be to furnish an aroma adequate to the occasion, hence are of little consequence, as a non-fetid discharge may be productive of results equal to that of the most fetid.

A peculiarity which has been referred to, is, that primary acute suppurations are less likely to be accompanied by mastoiditis, etc., than are chronic suppurations. This evidently cannot be accounted for by any lack of virulence on the part of the pathogenic elements, but rather by the resistance of the newly invaded tissues, and the activity of the white blood-corpuscles.

The various routes by which this army of microbes seek to invade the structure within the cranium, are: By direct continuity, as caries of the cranial walls; or more indirectly, through the blood and lymph channels; or along the course of nerves entering the middle ear.

Should the discharge, by its own virulence, or on account of obstruction of the external ear, invade the accessory cavities known as the mastoid cells, an abscess is the result. This may also be produced

-by the careless use of the syringe, or even by the application of per-oxide of hydrogen through the external auditory canal.

The mastoid cells are frequently infected from a chronic suppura-This infection takes place through the aditus ad antrum, the opening from the vault of the tympanum or epi-tympanic space into the mastoid antrum or largest and most constant of the mastoid cells. from whence it may involve all the other cells, and by direct continuity of tissue, the cranial cavity itself. When these cells are involved in a purulent process, we have what is known as a mastoid abscess. form of this inflammation may be either acute or chronic. form is marked by pain, redness and swelling over the mastoid, while the auricle projects at a right angle to the side of the head. The chronic form, on the other hand, is marked by an absence of the symptoms which characterize the acute form. The inflammatory process may progress for weeks or months without any marked symptoms to denote the serious nature of the disease. The patient complains of indefinite pain-not headache-but deep, persistent pain in one side of the head, which may or may not be localized. He also has attacks of vertigo, nausea or vomiting, occasionally a slight rigor. ination, the tongue is found to be coated, the temperature above normal, the symptoms thus far resembling those of malaria. history of the case will show that a chronic discharge from the ear has suddenly diminished in quantity or ceased altogether without apparent cause. On inspection, the superior and posterior walls of the canal may be found bulging.

The danger to the life of the patient lies in the complications that may arise at any moment, from the extension of infection to other parts. For instance, pus may break into the middle cranial fossa, through the tympanic roof; or it may pass back from the cells of the mastoid, and reach the lateral sinus, and even enter the posterior fossa. It may open anteriorly from the middle ear, and produce a retropharyngeal abscess; or passing through the lower portion of the mastoid process, may form an abscess beneath the sterno-mastoid muscle.

The complications resulting most frequently from suppurative disease are mastoiditis, meningitis, septic phlebitis, and pyemia—cerebral or cerebellar abscess being of comparatively rare occurrence. Two or more of these may co-exist in the same case. Sinus phlebitis and abscess may occur in the same case, and either may give rise to a

fatal meningitis; while a septic phlebitis may be the direct cause of a general pyemia. Dr. Coleman Jewell says: "In complicated cases it is generally very difficult, or impossible to determine which condition preceded another, or indeed, whether they were not concomitant. Pyemia of aural origin may either set up, or be caused by, an intracranial lesion, or it may be present alone, unassociated with any such affection."

The location of secondary intra-cranial affections is variable, both as to position and extent. Sinus phlebitis generally occurs in that portion of the lateral sinus opposite the mastoid portion of the temporal bone, although it may extend into the internal jugular vein. It is caused by an inflammation of the adjacent bone, and gives rise to a thrombus, which may extend downward into the jugular vein, as well as upward into other sinuses. This clot may become infected, and breaking down, cause pyemia.

Intra-cranial abscesses are either sub-dural—occurring between the dura and the internal table of the skull; or, encephalic—that is, within the brain substance.

There are two sites where sub-dural abscess is particularly liable to occur, the first and most common being about the petro squamosal suture, while the second is that portion of the groove for the lateral sinus, in closest proximity to the mastoid cells. While these are the most frequent primary sites, the pus may extend in various directions from these points, and end in a diffuse purulent meningitis.

A conservative estimate of the causes of encephalic abscess would place fully one-third as due to suppuration of the middle ear. About three fourths of these occur in the cerebrum, while one-fourth occur in the cerebellum. While cerebral abscess secondary to middle ear suppuration may occur in various situations, by far the greater number occur in the temporo-sphenoidal lobe; while abscesses of the cerebellum are most frequently found in the anterior part of the lateral lobe.

Abscess of the brain is generally single, and varies in size from a few drops of pus, to three, and sometimes four ounces. It may co exist with a sub-dural abscess, and in fact, may arise directly from it.

To diagnose these various and varying lesions is always difficult, and often impossible. An exploratory operation is the most satisfactory means of arriving at a positive diagnosis. This course is justifia-

ble, since operative measures only promise any hope of relief. However, there are symptoms which considered relatively, are of value as indicating the nature of the lesion.

The symptoms of mastoiditis have already been referred to. Headache, rigors, vomiting, delirium and even tenderness, while they are usual accompaniments of intra-cranial complications, give little or no information as to the nature or location of the lesion. The pulse, respiration, temperature, state of the bowels and motor disturbances furnish the most reliable indications of the existing condition. A pulse of moderate volume, slow and regular, with shallow, slow and regular breathing, is suggestive of encephalic abscess; while a small, rapid and irregular pulse, with rapid and irregular respiration, would indicate meningitis.

A temperature, sometimes below normal, and again very high, fluctuating at irregular intervals of time, indicates pyemia; while in phlebitis, the variations are not so extreme, the fluctuations becoming less marked as the disease progresses, and gradually approaching the normal.

In meningitis the temperature is high, and without marked remission. In uncomplicated brain abscess there is generally a sharp rise of temperature at the first, gradually lowering to sub-normal, and remaining so until the pus is evacuated.

Brain abscess and meningitis are generally marked by a constipated condition of the bowels, while the other complications are often accompanied by diarrhea.

When mastoiditis, or signs of intra-cranial complication appear, the external auditory canal should be freed from all possible obstruction. Should the symptoms continue after all obstructions have been removed from the canal, the mastoid antrum should be opened and free drainage established. By this means all the spaces of the middle ear may be reached, and all dead bone removed, while the application of antiseptics is made easy.

The indications for opening the mastoid are as follows:

First. Acute inflammation of the mastoid, which persists after the indicated remedy has been administered.

Second. Recurrent swelling of the mastoid during a chronic suppurative otitis.

Third. When there is marked tenderness and bulging of the superior and posterior walls of the external canal, with chronic suppuration.

Fourth. When there is a fistula of the mastoid.

Fifth. When, during or following a suppuration of the middleear, severe pains occur on the same side of the head, which resist allother treatment.

Should sub-dural abscess be suspected, the opening should be continued as far as the dura-mater and the membraneous sinus, and high enough to expose both situations already mentioned.

In case of encephalic abscess, the opening should be made with a trephine over the suspected area, and the brain substance explored with a hollow needle. Should pus be found, the opening should be enlarged and thorough drainage established.

The location for opening with the trephine in suspected cerebral abscess, is over the lower and anterior portion of an area comprised within a circle with a radius of one and one-fourth inch, the centre of which lies one and one fourth inch behind, and the same distance above, the middle of the external bony meatus.

Cerebellar abscess being most frequently found in the anterior portion of the lateral lobe, the trephine should be applied at a point one and one half inch behind the centre of the bony meatus, and an inch below Reid's base line.

Such are some of the troubles arising from suppurative diseases of the middle ear, together with their surgical treatment. With the homeopathic remedy and cleanliness in the early stages, the cases are few, if any, that would ever need surgical interference.

Dr. Ames asked in regard to the mastoid abscess before the development of the mastoid cells—what is the necessary treatment? Is it sufficient to lay open the abscess and drain it, or is it necessary to operate on the bone?

Dr. Reed answered that it is very seldom necessary to operate on the bone in little children. If any surgical interference is necessary it hardly ever goes as far as that. Then it is not a direct mastoid abscess, but rather a mastoid periostitis. The periosteum is inflamed. Relievethe tension on the perioteum by an incision, if necessary, although as a general thing it may be subdued by the properly indicated remedy and hot applications or cold applications as the case may be—generally heat behind the ears and over the mastoid. If it should progress we may operate. In the cases of children it is well to temporize with them as long as safe.

Dr. Walton calls attention to the use of the term sub-dural abscess being an abscess of the dura. It ought not to be so called. Why don't they call that a supra-dural abscess? (The doctor described the anatomical structure in order to show the lack of appropriateness of the term employed by the essayist.)

Dr. Reed said that in order to please Dr. Walton, he would call it epi-dural abscess. Sometimes it is called an extra-dural abscess, sometimes sub-dural, and sometimes epi-dural abscess; he was himself thinking of the term sub-peritoneal fat when he used the term which appears in his paper, which term he had learned from Dr. Walton.

BUREAU OF GYNECOLOGY.

C. E. WALTON, M. D.,			•	Cincinnati.
JAMES C. WOOD, M. D., Chairman pro tem., "Symphysee			٠.	Cleveland,

A CASE SIMULATING ECTOPIC GESTATION.

By C. E. WALTON, M. D., Cincinnati.

I learned something from the following case. Perhaps you may do the same. I had learned it before; I may have to learn it again.

On Monday the patient was doing the family washing; at 4 P. M. she was taken with a severe pain in lower portion of abdomen; by 5 o'clock she was in collapse; pulse 65, temperature 96.5, and pain so excruciating that the attending physician was compelled to give morphine.

I saw the case at 11 o'clock Tuesday morning. Pulse 70, temperature 97. Patient was forty-three years old; last child born thirteen years ago; menstruation had been regular and uneventful. Found a well marked tumor above the pubes, reaching more than half way to the umbilicus and extending over into the right inguinal region. This tumor which had the resistance of a fibroid, or tensely filled cyst, had not been present the evening before. Digital examination revealed nothing abnormal beyond marked resistance in Douglass cul-de-sac.

What had occurred? There were neither objective nor subjective symptoms of pregnancy. We had an apparently well woman, taken with agonizing abdominal pain, followed by collapse, and the gradual formation of a tumor, which was thought to be a large coagulum.

Diagnosis: Internal hemorrhage, probably due to ectopic gestation.

Prognosis: Death without an operation.

The treatment was unencumbered by any family remonstrance. As the hemorrhage had probably ceased, time was taken to rally the patient preparatory to a coeliotomy. Normal saline solution was cautiously used, fearing the inciting of a fresh hemorrhage. Wednesday

morning at 11 o'clock, forty hours after attack, the patient died. autopsy at 4 P. M. revealed ten feet of strangulated gut, black throughout entire length. Considerable bloody ascitic fluid was present. Uterus normal size; left ovary one third larger than normal; no ovary present on right side; no broad ligament on either side. had passed in front of the sound ligament and tube, thence down into pelvic cavity and up into abdomen. The constricting band was formed by the sound ligament and the fallopian tube. The outer portion of tube was fully an inch broad, the middle portion was ruptured, and the whole tube had a blue black color. Adjacent to the rupture was a coagulum, two inches long by an inch in thickness. No evidence of an ectopic gestation was present save the coagulum, and the enlarged and ruptured tube, but this can be accounted for by the strangulation of the gut, for the tube was so compressed that a thrombus was thus formed, which ultimately broke through the distended and weakened tube.

What is the surgeon's duty whenever sudden severe abdominal pain, with collapse, is presented? Without an operation this case was doomed. An operation that might have saved her should have been done within an hour of the attack, and yet who would have operated this case then under the circumstances? Even fifteen hours later her chances to recover seemed better to wait, and yet in twenty-four hours more she was dead.

Should the abdomen be opened in the presence of profound shock? I believe it should. With the potent saline solution at command little additional shock would have been added in the above case, and a chance for life would have been furnished. Such cases appear occasionally in the experience of every surgeon. They call for boldness of procedure. To hesitate is to lose. In one hundred such cases more lives will be saved by operation than lost. I believe the sound surgical axiom in cases of severe abdominal pain with collapse is—Operate early.

Dr. Arndt wished to know if there would be any necessity for confounding such a case with one of ectopic gestation. There was no history previous to this of the symptoms of ectopic gestation. Could one think of ectopic gestation from the symptoms narrated in the paper?

Dr. Walton answers that he believed ectopic pregnancy may occur without any preliminary symptoms. It is a possibility of the pregnant state. The first real symptom to call the surgeon's attention to the condition would be the internal hemorrhage, pain and the slow pulse, 60 to 70. He didn't think it was ordinarily possible to have a dangerous hemorrhage without a rapid pulse. But with the attendant collapse there might be slow pulse and therefore become indicative of the dangerous condition. Investigation showed intestine strangulated by the round ligament.

Dr. Arndt said that he would have approached such a case as a simple case of pregnancy, with a possible deviation, such as we find in almost every case, no two cases ever being exactly alike. He would have been guided, of course, by the irregularities in the menstrual molimen, and then, in a short time, these peculiar symptoms not abating under properly indicated treatment, the graver condition would suggest itself.

Dr. Walton explained that he had not said this was a case of ectopic gestation, but that it simulated one in many of its features. There was the abnormal condition of the pregnant state, the irregularity of the menstruation, the tumor, the pains, and latterly the apparent rupture. The paper itself explains why he believed for a time that it was ectopic, and then why he found it not to be so.

Dr. Parmalee said that the classical symptoms of any diseased condition he had never found anywhere except in the doctor-books. We must allow for variation. Lots of women may have any of these reported classical symptoms and yet have no ectopic gestation. They may in other instances go along with perfect unconcern, until there is a sudden pain, a collapse and the consequent hemorrhage.

SYMPHYSEOTOWY: ITS INDICATIONS AND LIMITATIONS.

By James C. Wood, M. D., Cleveland.

Although symphyseotomy is more than one hundred years old, it was not until it was revived by Morisani, in 1891, that it became an established procedure, in certain degrees of pelvic contraction. When it is impossible to deliver the child by means of forceps, because of

maternal distocia, there are four operations to be considered—Cesarean section, or the Porro operation; Symphyseotomy; Craniotomy, and the induction of premature labor.

Leopold (Münch. Med. Woch., No. 34) differentiates three degrees of pelvic contraction: 1. Primiparæ—First degree, with a conjugate vera to seven centimeters, contracted in the transverse diameter, and of a flat, rachitic type. Second degree, with a conjugate vera of six and one half centimeters, or less. Third degree, with a conjugate vera diameter of six centimeters, or less.

With a favorable presentation, good moulding of head, ample labor pains, a full dilatation and preservation of the membranes, normal deliveries are of daily occurrence, in the first degree of contraction. In the second degree of contraction the ordinary methods of delivery are frequently unsuccessful, and one of the several operations mentioned will have to be considered.

With hospital facilities and trained assistants, the Cesarean or Porro Cesarean operation, where the head has not been dragged into the true pelvis, is the operation of election. If the child is dead Craniotomy should be performed. If, on the other hand, the child is living, and the head has so engaged itself in the true pelvis as to make delivery from above impossible or impracticable, symphyseotomy, in the light of modern statistics, affords the greatest safety for both mother and child.

The third group of pelvic contractions, with a conjugate vera diameter of six centimeters or less, invariably necessitates Cesarean section, where there is a possibility of saving the child.

The induction of premature labor is reserved for first and second degree contractions, which are detected, in primipara previously to labor, or which are known to exist in multipara, for the purpose of avoiding the more serious operations under consideration. Premature labor, in these cases, deserves especial attention, particularly in private practice remote from an experienced abdominal surgeon. Labor should be induced at the end of the thirty-fifth week of gestation, by the introduction of the intra uterine bougie.

We find, then, symphyseotomy applicable in the first and second degrees of contractions, when the head of a living child is low down in the pelvis, with abnormal presentation (occipito posterior), which cannot be corrected by version or otherwise. According to Faraboeuf, we

gain, in pelves with a conjugate of two and one-half inches (6.25 centimeters) nearly a half inch in this diameter; but owing to the fact that a segment of the head occupies the space between the separate pubic bones, the resulting gain depends upon the width of the gap and the convexity of the child's head, which makes an actual gain of nearly one inch and a quarter (3.12 centimeters).

The operation itself is most simple, and can be best described by introducing the following case. Patient, æt. 27; married for two years; one miscarriage at three months. Was taken with labor pains on the morning of March 19, 1899, the water breaking very soon after The pains were of a nagging character, growing more labor set in. and more severe, until on the afternoon of the following day, Dr. H. H. Pomeroy, whose patient she was, applied the forceps, and succeeded in engaging the head in the inferior strait, but after two hours of skillful manipulation and forceful traction, found delivery impossible. the afternoon of March 20th, at 4 o'clock, I was asked to see the case in consultation with Drs. Pomeroy and Beckwith. I found the patient a good deal exhausted, though the foetal heart sounds were still quite distinct. The head was exceedingly round and the position was left occipito-posterior. I did not have my pelvimeters with me, but it was evident that the conjugate diameter was shortened, and the pelvic bones were very firm and unyielding.

Subsequent measurements, after the patient's convalescence, were as follows: Between anterior superior spine, 20 centimeters; between crests, 21 centimeters; left oblique, 16 centimeters; right oblique, 17 centimeters; true conjugate (estimated), 7 centimeters.

The indications for symphyseotomy seemed quite clear, and with the concurrence of Drs. Pomeroy and Beckwith preparations were made for its performance. Dr. Clara Clendon acted as my third assistant. The patient was placed upon a table, before a side light, and anesthetized, after which I applied the forceps and tried to direct the occiput to the front, but the head was so firmly wedged into the pelvis that this was impossible. The pubes were shaved and scrubbed, and the vagina disinfected. I then cut down upon the pubes, and, with the finger as a guide, I had no trouble in separating the ligament. The urethra was held to one side with a sound. The bones immediately separated to the extent of two inches (five centimeters).

The forceps was then applied, and with but little difficulty the face was made to sweep over the right ischeal tuberosity, the delivery being accomplished through the transverse, instead of the conjugate diameter of the pelvic outlet. The perineum was torn down to the sphincter muscle. The child, a ten pound girl, with a large round head, was turned over to Dr. Pomeroy, who resuscitated it with some difficulty. The mother's thighs were now approximated, and the wound closed with deep and superficial chromicized gut sutures; a small gauze drain was inserted in the lower angle of the wound, and a glass catheter left in the bladder. The perineal rent was closed with chromicized catgut sutures and the wound sterilized. The hips were firmly drawn together by means of wide strips of adhesive plaster, these being supplemented by a tightly fitting binder, which extended well down upon the thighs.

The child's face was cut on one side by the forceps, the injury requiring three or four sutures to approximate the skin surface. The mother convalesced nicely, and to-day is in perfect health, without the slightest inconvenience in locomotion. She could not nurse the child, and for this reason its growth was retarded for the first three months. After a diet of modified milk was selected it began to improve, and is to day the picture of health.

Dr. Reddish asks what kind of union the esayist gets in this operation.

DR. Wood: I got a union sufficiently firm to enable the woman to go about her duties again. It doesn't usually interfere with the patient's locomotion. There is some little mobility of the parts that can be detected upon walking or going through the motion of walking with the thumb and finger grasping the pubic bone. But there is ever after a space left behind that will enable the woman to bear children without trouble. It has added to the diameter of the conjugate at least half an inch. The operation is one suitable in the cases where I have indicated in my paper. It is one so much easier of performing for the general practitioner than the Cesarean section that I think it has a field of utility.

Dr. Parmalee said that the essayist made a mistake where he says it is an operation that could be easily performed by the general practitioner, and more ϵ asily than the Cesarean section. The fact of the business is there is nothing now easier than the Cesarean section. It is one of the easiest of operations; while the operation of symphyse-

otomy is an exceedingly dangerous one and not one likely to be undertaken by the general practitioner. Of course, if the country practitioner makes a specialty of such and other operations as does the essayist, then of course the matter becomes easy and void of much danger. If the operation is done from the outside through to the pubic bone, then it becomes a comparatively easy operation. All these operations sound nice in a paper, but they fail to be so easy or so pleasant of contemplation when they confront the practitioner. It is a critical moment when you must bring all the skill of the most skillful and practiced surgeon to your instant attention, and you must have an assistant equally as skillful and with eyes and fingers as well trained as your own. He didn't believe symphyseotomy would ever become a favorite operation with the general practitioner. He had twice performed the operation of symphyseotomy.

Dr. Arndt questioned the wisdom of the operation in the case of a woman who needs to be on her feet and do heavy work. He believed that craniotomy would be preferable and more justifiable, with the possible disability following symphyseotomy. In the case of the working woman who necessarily has to be on her feet, he questioned whether there wouldn't be danger of crippling her to some extent for the remainder of her life.

Dr. Wood said that a certain per cent. of cases have been disabled by the operation of symphyseotomy. There has been some lameness left behind, so that that would be an objection to the operation. Dr. Parmalee talks very glibly about the ease of doing the Cesarean section, but he forgets what was said in the paper that that Cesarean operation was absolutely contra-indicated in the case mentioned in the paper. Dr. Wood took issue with Dr. Parmalee on the complicated technique of the operation. The majority of the European operators prefer the open to the closed method of operating. Dr. Wood described the difficulties of Caesarean section and contrasted it with the simplicity of symphyseotomy in the type of cases described.

Dr. Parmalee adds a word of protest in reference to the statement that the larger part of the obstetricians are making the open operation, because it never gives good results afterwards. The better way of performing this operation at all is to go inside and cut from below upward.

Dr. C. E. House reported the case of symphyseotomy performed upon a woman who had been able ever since to do heavy housework without apparent inconvenience.

BUREAU OF CLINICAL MEDICINE.

A CASE OF TUBERCULAR PERITONITIS WITH COMPLICATIONS.

By J. W. OVERPECK, M. D., Hamilton.

On the 5th day of April, three years ago, I first saw the case of which I will give a very brief history.

An unmarried woman, aged thirty-three years, of a very pronounced so called bilious habit, had been declining in health for almost a year and had been under treatment for eight or nine months. Within the last two or three months the peritoneal cavity had gradually filled with a fluid so that the abdomen had become very greatly distended. She was suffering severe pains and the abdominal walls were very sore and tender.

I was told that she had been treated for disease of the kidney, but I did not find any trouble of that nature, and after watching the case—and especially the daily rise and fall of temperature—for two days, I decided that I had tubercular peritonitis do deal with, whatever might have caused the ascites.

A paracentesis removed a large quantity of fluid, which was a little more viscid, and not so transparent as ordinary ascetic fluid. This relieved the pains very much, but the soreness continued for many months, the area of soreness moving about over different parts of the abdomen. The dropsy never returned. For about three months the patient was tolerably comfortable, the temperature rising to almost 100 each day; but during the first week in July severe pains came on low down in the abdomen, and by the eighteenth of July a tumor about six inches in diameter had developed in the right hypogastric region, and a small one on the left.

On July 19th a laparotomy was made by Dr. Walton, and our diagnosis was readily confirmed, the peritoneum being thickly studded with tubercles like cracked rice, and adhesions everywhere.

The large tumor was a cyst which could not be removed on account of the adhesions. An incision was made in the upper anterior wall of the tumor, the fluid was removed and the lips of the incision stitched to the abdominal wound. As far as possible the adhesions in the abdominal contents were detached, about two quarts of salt solution were poured in, a drainage tube inserted into the cyst and the abdomen closed.

The patient did well and gained some in strength and flesh until the first week in September, when I was obliged to remove a vasculo-fibrous growth attached near the inner sphincter of the rectum, and a few hemorrhoidal pouches, on account of great pain that was caused by the presence of the hard body.

At first quite a quantity of yellow fluid came from the cyst each day, and the decrease in quantity was so small that nine or ten months elapsed before we dared to leave out the tube and risk the closing of the tumor. By this time the small tumor had disappeared, and up to the present time neither has given us any trouble.

From the beginning the case had had its "ups and downs," which I believe is usual with tubercular cases of any kind.

Nine or ten months after she came under my treatment she became so reduced that I had no hopes of her recovery. Yet within the next four months she gained about thirty pounds in weight.

In March of this year, after three years of treatment, I first found her without fever in the after portion of the day.

Among the many hindrances and complications were frequent attacks of sub-acute hepatitis, in which there would be a sore pain in the region of the liver, and the skin—naturally yellow—would become markedly so.

I could find no local indications of obstruction of the bile duct, although the objective symptoms pointed that way.

Whether the ascites was due to obstructed portal circulation or to the tubercular inflammation I have not been able to decide.

At present the woman weighs about 140 pounds, does a little work about the house, can walk a mile at a stretch, and seems to be getting well.

During the greater part of the three years the patient had one dose per week of bacillinum, 200th.

Along with this she had at different times mercurius, calcarea carb., arsenicum, ars. iodatum, apis, nux vomica, and recently for the liver she has had ptelea trifol., which I think will help that trouble. How much credit is due the bacillinum for its help I am not able to say, but I am quite sure that of the other remedies, mercurius did most good. She had principally mecurius sol., 3x, but occasionally mercurius vivus. 200th.

The laparotomy might have saved her life, but six months after that was done it looked as if medicines would have much to do to save her.

A FEW OF THE MORE IMPORTANT REMEDIES FOR THE TREATMENT OF DISEASES INCIDENT TO DISTURBANCES OF THE URINARY ORGANS.

By J. W. MEANS, M. D., Troy.

Within the last decade there has been a number of proprietary remedies placed upon the market for the use of the medical profession in prescribing for their patients. In a few instances, according to clinical reports, the claims of their advocates have been fully sustained.

While these remedies have not been proven according to the well known methods of Hahnemann, experience has satisfied a host of observers that they merit at least favorable mention among the curative agents for the relief of human ailments.

Within the last year I have paid special attention to the following named remedies: Urotropin, alkalithia, thialion, and lithiated vesicaria.

The first of this list, urotropin, is a powerful antidote to the urinary poisoning in suppurative diseases of the genito-urinary organs. It is the most efficient sterilizer of foul-smelling urine known to the medical profession. The following case will illustrate its efficacy in chronic cystitis:

Mrs. P., age thirty-two years, has had cystitis for ten years—scanty urine, frequent micturition with an exceedingly foul ammoniacal odor, strongly alkaline; pus cells in abundance. The usual remedies were prescribed; bladder irrigated with the best known antiseptics, all without avail. One year ago gave urotropin in five-grain doses,

three times a day; within a week urine increased from twenty-two ounces per twenty-four hours, to thirty-six ounces; acid reaction, odor normal, irritability of the bladder ceased and general improvement followed. To day she is well, free from all the distressing symptoms from which she suffered so many years.

There are two classes of patients to which I wish to call your attention specially. Time will not permit me to go into details, but if I can succeed in diverting your attention from the obsolete and almost worthless treatment that has been advocated by some of our ablest authors in chronic and periodical sick headaches, and chronic rheumatism I shall have accomplished my mission.

In the first place, it has been positively demonstrated by clinical observation, that in both of the diseases named, there is generally prior to and during the attack, scanty urine, with relative or absolute decrease of urea, and uric acid; and when these essential constituents reappear in the urine in normal proportions, the diseased condition will have disappeared. The ratio of urea to uric acid is according to Haig, thirty three to one. When this ratio is disturbed the harmonious action of the organs of the body is also disturbed. What then are the indications for treatment? It is evident that whatever drug or method selected that will restore the functions of the body to healthful action are the indicated remedies.

The average excretion of urea per twenty-four hours for males is 400 grains, females 300, while the normal excretion of uric acid is 8.5 grains and 8 grains, respectively. Urea contains the same elements that are found in uric acid, viz.: C. H. N. O., while the former contains 45 per cent. nitrogen, the latter 33 per cent. The nitrogenous food leaves the body in the form of urea; about 90 per cent. of the nitrogen taken in food is excreted as urea.

The kidneys are the common catch basin of the human body. They are to the animal kingdom what the outlet of a great sewer system is to a great city. When by reason of overtaxing in either, the whole system is thrown out of order and disaster and sympathetic irritation arises. It is mainly then through the kidneys that elimination of the toxines generated in the body takes place. In sick headache there is always to be found in the urine an absolute decrease of urea, and uric acid. The morbid products being allowed to accumulate,

the nervous storm will inevitably follow. It would be a waste of time to depict to you a typical case of sick headache, as every physician has a clear conception of such cases, and he is also fully conscious of his utter inability to cure them with the orthodox remedies.

In such cases if there is constipation, which generally is present, I give a teaspoonful of thialion in a glass of hot water each morning before breakfast, and nux. mosch., one third dilution, every two hours during the day. If constipation is not a factor I usually prescribe alkalithia twice a day. In addition to the drugs administered, some modification in diet is generally necessary, such as omitting coffee and tea, and limiting the amount of meat consumed.

In chronic rheumatic patients of robust appearance, urinary analysis will show decreased quantity of urine, and absolute decrease of urea and uric acid.

In such cases the lithiated vesicaria acts admirably—it is a decided diuretic, and with the thialion and alkalithia relief is more surely attained than with any treatment known.

Men and women of sedentary habits are prone to headaches. Unless you limit the nitrogenous food consumed, or eliminate the normal amount of urea and uric acid through the kidneys, your headache and rheumatic patients will continue to haunt your offices and cry for relief which they find not.

Dr. Arndt said that the paper had given a very glowing prospect for the cure of sick headaches by assuming their source to be in the urinary organs. He believed that the much abused and much neglected liver had much to answer for in this same headache relation. We eat too much; we take too much mental exercise on a full stomach. The first step in the elimination of the poisonous products collected in the blood is to stop the overeating. The kidneys would not then trouble us if the liver were not overworked from impaired digestion. It seemed to him that we must go back of the kidneys to the liver.

Dr. Zbinden, referring to remedies for cystitis, recommended the use of methylene blue. He had had the case of an old man that had had the same kind of urine described by the essayist. He washed out the bladder and prescribed our ordinary remedies, with only temporary results. At last he took up methylene blue, gave three grain

twice a day and the man claimed that it did him more good than anything else he had had before. He took it for about three weeks and the urine is sweet and aseptic to this time. The speaker had never used urotropine.

Dr. Coffeen had had some experience with urotropine in chronic cystitis, and with excellent results, which he couldn't get from ordinary remedies. His results proved to be permanent.

Dr. Swanzig desired to give the Society his experience with a remedy in cystitis which had not been mentioned at all and which had given him most admirable satisfaction. The most marked case he had had was that of a married lady of thirty-five who had been troubled with chronic cystitis for about three years. It was of the most aggravating type; it was so bad the patient was confined to her bed, with strength almost exhausted, suffering tortures from frequent painful urination. Had been under the care of different physicians and had taken many remedies. Finally the patient was put upon oil of santal in ten-drop doses given in capsules four times a day. The improvement was marked and decided. The case went on from that time. It was not a week before the patient was decidedly better, and she has been up and doing her work ever since, now for over a year.

Dr. Rust said that one of the most valuable remedies which he had ever used in cases of chronic and painful urinary troubles in people along in years has been water, and plenty of it. He had found that in most of these cases the patients take no water whatever. Give these people a placebo and five to eight glasses of water a day and these troubles measurably disappear.

Dr. House agreed with the last speaker in recommending an abundance of soft water. He used with great success and relief, Buffalo lithia water, three or four glasses a day.

Dr. Zbinden, in answer to a question in relation to the case cured by methylene blue, said that he didn't believe there was any history of gonorrhoea in the case, as the man was over eighty years old and came from Germany a poor laboring man.

BUREAU OF LARYNGOLOGY AND RHINOLOGY.

COUGH REMEDIES.

By Thos. M. Stewart, M. D., Cincinnati.

It is not my intention to pass in review the well-known remedies used in various throat affections characterized by cough, but simply to call your attention to three remedies, little used in this condition, and as the clinical picture is a great aid in fixing the remedy used, I shall report three cases from my record book.

Case I. Patient a young man, aged 28. Suffering from a bad cold, with laryngitis. The acute symptoms were controlled by Gelsemium. A hard, ringing metallic cough continued, however, to give him considerable annoyance. The cough was excited by deep breathing or by talking. When walking or moving about in his office he would suddenly choke up, "could not get his breath." I gave him sambucus, a remedy useful in similar conditions, spongia and lachesis. His condition remained unchanged for a week, and in getting the ameliorations and aggravations to help me out in my next prescription, I found that the "congh was relieved by eating." He had already taken spongia. But his mental condition, bordering on the profanity margin, led me to prescribe anacardium orientale 3x; prompt relief from the annoying cough marked the prescription of the remedy. Sprays, inhalations and local applications to the larynx were used as palliative measures.

Case II. An elderly man complained of a constant irritating cough, with expectoration of tough, yellow mucous, very tenacious. He had had such a condition of affairs for some years. With each cold there were added considerable rawness and smarting in the larynx, with a feeling as if a lump stopped up the throat.

Catarrhal laryngitis was diagnosed after an examination of the larynx. He had the gelsemium symptoms—chilliness, torpid heavy

condition during the fever; large, full, quick but easily compressed pulse; and the acute symptoms were speedily relieved.

As he had had a course of treatment for the "cough," and had been sprayed, uvula clipped, larnyx swabbed out and post nasal space and nares attended to, he felt that he was ready to quit on that line. He had received considerable benefit, as he could now breathe easily through the nose, which he could not do before.

He had some hepar symptoms, notably the sticking pain in the throat on swallowing, but hepar, mercurius, nitric acid, argentum nitricum and alumina all failed to reach the trouble effectually; kali carbonicum and kali bichromicum aided a little, but it was rather stretching it to say they improved the case at all. I was about ready to refer the case to some one else, when I made the acquaintance of an eclectic physician, and by his advice prescribed eryngium aquaticum, 2x. That remedy worked beautifully in this and several other cases presenting similar symptoms.

In looking over other case records I find several prescriptions of asclepias tuberosa 3x, having used it mostly where sticta failed to relieve. The symptoms complained of by the patients were dry cough; cough, dry, with spasmodic closure of larynx; sharp pain behind sternum, with tickling in the larynx.

I think the addition of these three remedies to those ordinarily used will prove highly gratifying to those who take the hint.

CONSTITUTION.

ARTICLE I.

This Society shall be known as the Homeopathic Medical Society of the state of Ohio; and its object shall be the advancement of the medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine *Similia Similibus Curantur*, may be elected a member of this Society, upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By Laws, and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy from his superior attainments in medicine or collateral branches, may be elected an honorary member by a vote of two thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote, and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice-Presidents, a Secretary, Treasurer, and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at all meetings of the Society, to preserve order, to put questions, announce decisions, and to name the members of committees not otherwise appointed.

. ARTICLE VII.

It shall be the duty of the Vice-Presidents, in the order of their appointment, to discharge the duties of the President in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of the proceedings, conduct its correspondence, and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article in this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting, provided that notice of each intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

By-Laws.

Section 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

- SEC. 2, The initiation fee shall be one dollar, and annual dues shall be three dollars, invariably in advance.
- SEC. 3. At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.
- SEC. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction.
- SEC. 5. The regular order of business of each meeting shall be arranged by the President and Secretary.
- SEC. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's which may have fifteen. Discussions shall be limited to five minutes to each speaker, and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.
- SEC. 7. The Committee on Legislation shall consist of seven (7) members, of which the President shall be an ex-officio member. The President shall appoint two (2) members annually, to serve a term of three (3) years.
- SEC. 8. The President shall appoint the Ohio members of the Inter-state Committee of the American Institute of Homeopathy. One member appointed on this Committee shall be a member of our Committee on Legislation.
- SEC. 9. It shall be the duty of the President, at the opening of the annual session of the Society, to appoint two (2) Supervisors of Election. All names of candidates for election as officers of the Society shall be endorsed by at least seven (7) members of the Society and placed in the hands of the Supervisors of Election; and it shall be their duty to publicly post the names of all the candidates in the room where the meetings of the Society are held, by five o'clock in the afternoon of the first day of the Society's meeting.

The Supervisors of Election shall furnish printed ballots containing all the names of candidates for office, designating the office for which they are placed in nomination.

The ballot shall be of the Australian system of placing an X before the names of the several candidates voted for.

The Supervisors shall hold the election from the hours of eight to ten o'clock A. M., on the second day of the meeting, and at the hour of ten o'clock, A. M., they shall proceed to canvas the result of the election, and certify the same to the President, who shall announce the result to the Society.

The candidate receiving the highest number of votes shall be declared elected.

SEC. 10. The Publication Committee shall consist of the Secretary, Treasurer, and President, for the year of which the proceedings are recorded. It shall be the duty of the Secretary to edit the transactions, and all the proof shall be submitted to the President and Treasurer for their approval.

SEC. II. The President-elect shall appoint a committee of five members, whose duty it shall be to arrange all the minor detail business of the meetings of the Society over which he presides, and present it in such order as to interfere the least with the regular bureau work.

SEC. 12. These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

Standing Resolutions.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society who shall remove from the State shall remain members of the Society only on payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the State, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the Transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

Resolved, That the Secretary and Treasurer of this Society shall not, during incumbency, be required to pay annual dues.

Adopted May 14, 1890.

Resolved, That whenever any assessment is made which any member of this Society believes to be prejudicial to the Society's best interests, such assessment be considered to that individual null and void without any official action of the Society.

Adopted May 11, 1898.

OFFICERS OF THE SOCIETY

SINCE ITS ORGANIZATION, 1864.

1865.

President-A. O. Blair, M. D., Cleveland.

First Vice-President—E. C. Witherill, M. D., Cincinnati.

Second Vice-President-W. Webster, M. D., Dayton.

Third Vice-President—A. C. Barlow, M. D., Lancaster.

Secretary—C. Cooper, M. D., Cincinnati.

Treasurer-G. H. Blair, M. D., Columbus

1866.

President-Lewis Barnes, M. D., Delaware.

First Vice-President-J. Bosler, M. D., Dayton.

Second Vice-President—A. Shepherd, M. D., Glendale.

Secretary-E. P. Penfield, M. D., Bucyrus.

Treasurer—C. C. White, M. D., Columbus.

1867.

President-D. H. Beckwith, M. D., Cleveland.

First Vice President—Geo. H. Blair, M. D., Columbus.

Second Vice-President—H. S. Barbour, M. D., Galion.

Secretary—W. Webster, M. D., Dayton.

Treasurer—C. C. White, M. D., Columbus.

1868

President-J. Bosler, M. D., Dayton.

First Vice-President-G. H. Blair, M. D., Columbus.

Second Vice-President—E. C. Beckwith, M. D., Zanesville.

Secretary—A. Shepherd, M. D., Glendale.

Treasurer—C. C. White, M. D., Columbus.

1869.

President-W. Webster, M. D., Dayton.

First Vice-President—E. L. Flowers, M. D., New Lexington.

Second Vice-President—A. Shepherd, M. D., Glendale.

Secretary—T. P. Wilson, M. D., Cleveland.

Treasurer—C. C. White, M. D., Columbus.

President—E. B. Thomas, M. D., Cincinnati.

First Vice-President—S. S. Lungren, M. D., Toledo.

Secretary—T. P. Wilson, M. D., Cleveland.

Treasurer—C. C. White, M. D., Columbus.

1871

President - E. C. Beckwith, M. D., Zanesville.

First Vice-President-W. Webster, M. D., Dayton.

Second Vice President—Lewis Barnes, M. D., Delaware,

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1872.

President—T. P. Wilson, M. D., Cleveland.

First Vice-President—M. H. Slosson, M. D., Dayton.

Second Vice-President—J. M. Parks, M. D., Cleveland.

Secretary-H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1873.

President—S. S. Lungren, M. D., Toledo.

First Vice President—J. D. Buck, M. D., Cincinnati.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer-J. C. Sanders, M. D., Cleveland.

1874.

President-J. D. Buck, M. D., Cincinnati.

First Vice-President—J. H. Coulter, M. D., Columbus.

Second Vice-President—G. J. Jones, M. D., Grafton.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1875.

President—J. R. Flowers, M. D., Columbus.

First Vice President—C. C. White, M. D., Columbus.

Second Vice-President—W. M. Detweiler, M. D., Findlay.

Secretary—W. A. Phillips, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

The following year, 1876, being the Centennial, and the profession being largely occupied with the World's Convention, which met in Philadelphia, no session of the Society was held.

President—W. M. Detweiler, M. D., Findlay.
First Vice-President—R. B. Rush, M. D., Salem.
Second Vice-President—Wm. Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878.

President—J. B. Hunt, M. D., Delaware. First Vice-President—H. H. Baxter, M. D., Cleveland. Second Vice-President—E. P. Gaylord, M. D., Cleveland. Secretary—A. N. Ballard, M. D. (pro tem.), Shelby. Treasurer—J. C. Sanders, M. D., Cleveland.

1879.

President—H. H. Baxter, M. D., Cleveland. First Vice President—E. P. Gaylord, M. D., Toledo. Second Vice President—Wm. Owens, M. D., Cincinnati. Secretary—H. M. Logee, M. D., Oxford. Treasurer—J. C. Sanders, M. D., Cleveland.

1880.

President—E. P. Gaylord, M. D., Toledo. First Vice-President—Wm. Owens, M. D., Cincinnati. Second Vice-President—E. Gillard, M. D., Sandusky. Secretary—J. A. Gann, M. D., Wooster. Treasurer—J. C. Sanders, M. D., Cleveland.

1881.

President—H. M. Logee, M. D., Oxford. First Vice-President—M. H. Parmelee, M. D., Toledo. Second Vice-President—G. W. Moore, M. D., Springfield. Secretary—H. E. Beebe, M. D., Sidney. Treasurer—J. C. Sanders, M. D., Cleveland.

1882.

President—Wm. Owens, M. D., Cincinnati.
First Vice President—E. VanNorman, M. D., Springfield.
Second Vice-President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

President—C. C. White, M. D., Columbus. First Vice President—C. E. Walton, M. D., Hamilton. Second Vice-President—W. A. Phillips, M. D., Cleveland. Secretary—H. E. Beebe, M. D., Sidney. Treasurer—J. C. Sanders, M. D., Cleveland.

1884.

President—J. C. Sanders, M. D., Cleveland.
First Vice-President—J. P. Geppert, M. D., Cincinnati.
Second Vice-President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—William T. Miller, M. D., Cleveland.

1885.

President—R. B. Rush, M. D., Salem.
First Vice-President—G. C. McDermott, M. D., Cincinnati.
Second Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. P. Geiser, M. D., Cincinnati.
Treasurer—William T. Miller, M. D., Cleveland.

1886.

President—H. E. Beebe, M. D., Sidney.
First Vice-President—A. Claypool, M. D., Toledo.
Second Vice-President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—William T. Miller, M. D., Cleveland.

1887.

President—A. Claypool, M. D., Toledo.
First Vice-President—J. W. Clemmer, M. D., Columbus.
Second Vice-President—R. N. Warren, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

President—N. Schneider, M. D., Cleveland.
First Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Second Vice-President—J. A. Gann, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—M. B. Hunt, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1889.

President—C. E. Walton, M. D., Hamilton.
First Vice-President—C. L. Cleveland, M. D., Cleveland.
Second Vice-President—Frances G. Derby, M. D., Cleveland.
Secretary—Frank Kraft, M. D., Sylvania.
Assistant Secretary—C. D. Crank, M. D., Cincinnati.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1890.

President—John A. Gann, M. D., Wooster.
First Vice-Pres.—Orpha D. Baldwin, M. D., E. Portland, Ore.
Second Vice-President—C. A. Pauly, M. D., Cincinnati.
Secretary—Frank Krast, M. D., Sylvania.
Assistant Secretary—C. C. True, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1891

President—E. R. Eggleston, M. D., Cleveland. First Vice President—O. A. Palmer, M. D., Warren. Second Vice-President—O. D. Childs, M. D., Akron. Secretary—R. B. House, M. D., Springfield. Assistant Secretary—T. G. Barnhill, M. D., Findlay. Treasurer—C. D. Ellis, M. D., Cleveland. Necrologist—D. H. Beckwith, M. D., Cleveland.

1892

President—C. D. Crank, M. D., Cincinnati.
First Vice-President—M. H. Parmelee, M. D., Toledo.
Second Vice-President—T. G. Barnhill, M. D., Findlay.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

President- M. H. Parmelee, M. D., Toledo.

First Vice-President—H. B. VanNorman, M. D., Cleveland.

Second Vice-President—S. R. Geiser, M. D., Cincinnati.

Secretary—Thos. M. Stewart, M. D., Cincinnati.

Assistant Secretary—A. C. Roll, M. D., Toledo.

Treasurer—R. B. House, M. D., Springfield.

Necrologist-D. H. Beckwith, M. D., Cleveland.

1894.

On account of the World's Fair at Chicago, Ill., in 1893, no meeting of the Society was held in Ohio. The officers elected for the previous year were therefore retained, and the Homeopathic Medical Society of Ohio attended the sessions of the World's Congress of Homeopathic Physicians and Surgeons, held in Chicago, May 24 to June 3, 1893.

1895.

President—R. B. House, M. D., Springfield.

First Vice-President-Wm. Watts., M. D., Toledo.

Second Vice-President-W. C. Hastings, M. D., Van Wert.

Secretary—Thos. M. Stewart, M. D., Cincinnati.

Assistant Secretary—Frank Kraft, M. D., Cleveland.

Treasurer—T. T. Church, M. D., Salem.

Necrologist—D. H. Beckwith, M. D., Cleveland.

1896.

President—W. A. Phillips, M. D., Cleveland.

First Vice President—Thos. M. Stewart, M. D., Cincinnati.

Second Vice-President-Emma L. Boice, M. D., Toledo.

Secretary—A. C. Roll, M. D., Toledo.

Assistant Secretary—J. C. Fahnestock, M. D., Piqua.

Treasurer—T. T. Church, M. D., Salem.

Necrologist—D. H. Beckwith, M. D., Cleveland.

1897

President—M. P. Hunt, M. D., Columbus.

First Vice President—W. A. Geohegan, M. D., Cincinnati.

Second Vice-President—J. T. Ellis, M. D., Waynesville.

Secretary—A. C. Roll, M. D., Toledo.

Assistant Secretary—R. B. Carter, M. D., Akron.

Treasurer—T. T. Church, M. D., Salem.

Necrologist—D. H. Beckwith, M. D., Cleveland.



President—W. A. Geohegan, M. D., Cincinnati.
First Vice-President—B. B. Johnson, M. D., Ravenna.
Second Vice-President—F. O. Hart, M. D., West Unity:
Secretary—R. B. Carter, M. D., Akron.
Assistant Secretary—M. P. Hunt, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1899.

President—R. B. Carter, M. D., Akron.

First Vice-President—A. W. Reddish, M. D., Sidney.

Second Vice-President—Martha Canfield, M. D., Cleveland.

Secretary—A. B. Nelles, M. D., Columbus.

Assistant Secretary—G. D. Grant, M. D., Springfield.

Treasurer—T. T. Church, M. D., Salem.

Necrologist—D. H. Beckwith, M. D., Cleveland.

1900.

President—C. E. Sawyer, M. D., Marion.
First Vice President—F. W. Morley, M. D., Sandusky.
Second Vice-President—Laura C. Brickley, M. D., Cincinnati.
Secretary—A. B. Nelles, M. D., Columbns.
Assistant Secretary—G. E. Wilder, M. D., Sandusky.
Treasurer—T. T. Church, M. D., SalemNecrologist—D. H. Beckwith, M. D., Cleveland.

1901.

President—J. W. Means, M. D., Troy.
First Vice-President—C. A. Pauly, M. D., Cincinnati.
Second Vice-President—L. K. Maxwell, M. D., Toledo.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.



MEMBERS.

A LOCATION. ADMITTED. NAMES. Allen, Alice Gillespie, Columbus, 203 West Goodale Street, 1898 1883 Allen, H. C. (Honorary), Chicago, Ill., 5142 Washington Avenue, 1894 Ames, C. S., Ada. Mt. Vernon. 1896V Arndt, G. D., Cincinnati, 206 West Fourth Street, 1899 Babendreier, Albert I., 1898 Baker, Lyman E., Mechanicsburg, 1900 Baldwin, H. D., Elyria. 1887 Baldwin-Bruce, Orpha D., Tampa, Fla., 1032 Florida Avenue, 1877 Ballard, A. N., Birmingham, Ala., 1895 Banning, Carina B. C., B. S., Willoughby, 1895 Banning, Edward P., Fort Wayne, Ind., Box 364 Barnes, Lewis (Honorary), Columbus, 1284 Oak Street, 1864 1898 Barnhill, J. W., Napoleon, 1875 Barnhill, T. G., Findlay, 1899 Bashore, J. I., Tippecanoè City, Cleveland, 275 Prospect Street, 1868 Baxter, H. H., Beckwith, D. H., Cleveland, 528 Prospect Street, 1864 East Orange, N. J., 1864 Beckwith, S. R., 1873 Beebe, H. E., Sidney, Fredericksburg, 1898 Benson, Martha E., Cleveland, 166 Euclid Avenue, 1867 Biggar, H. F., 1894 Bishop, H. D., Cleveland, 89 Euclid Avenue, 1895 Blackburn, W. J., Salem, Boice-Hays, Emma L., Toledo, cor. Monroe and 28d Streets, 1888 Brenizer, N. O., Austin, Texas, 1888--1888 Cincinnati, cor. Chase and Hamilton Avenues, Brickley, Laura C., Cincinnati, 124 West Seventh Street, 1896 Buck, J. D., 1899 Cameron, G. D., Chagrin Falls, 1894 Campbell, M. Elizabeth, Toledo, 1877 Canfield, M. A., Cleveland, 24 Streator Avenue, 1883 Carpenter, W. B., ('olumbus, 657 North High Street, 1871 Carter, H. W., Cuyahoga Falls, 1887 Carter, R. B., Akron, 1897 Catlin, M. M., Canton, Champlin, H. D., Cleveland, 664 Clark Avenue, 1887 1894 Chapman, E. K., Deflance, Chapman, Harriet B., Cleveland, 202 Permanent Block, 1898 1899 Childs, O. D., Akron. Church, T. T., Salem. 1886# Clapsadel, F. A., 1897 1883 . Clark, G. E., Stillwater, Minn., Claypool, Albert (Honorary), Toledo, 711 Madison Street, 1877 Clemmer, J. W., Columbus, 238 East State Street, 1884 1883 Coffeen, C. R., Piqua, Cole, M. F., Columbus, 1105 Oak Street. 1898

NAMES.	LOCATION.	ADMITTED.
Conard, C. K.,	Mt. Vernon,	1894
Cook, J. H.,	New Carlisle,	1892
Cory, Kate Whipple,	Barberton,	1897
Crank, C. D.,	Cincinnati, 231 Auburn Avenue,	1877
Crismore, Jas. M.,	Helena,	1886
·Croft, W. B.,	Medina,	18841/
Cummer, R. J.,	Cleveland, Clarence Building,	1895
Curtis, H. N.,	Marietta,	1895
Curtis, H. W. (Honorary),	Chagrin Falls,	1867
curtis, ii. w. (Honorary),	•	1007
	D	
Damon, E. H.,	Brandywine,	1899
Damon, G. J.,	Medina,	1891
Darby, E. A.,	Northampton, Mass.,	1894
Deetrick, J.,	Youngstown,	1887
Dewey, W. A. (Honorary),	Ann Arbor, Mich.,	1898
Dickson, James,	Canal Dover, 246 North Seventh Street,	1898
Dudley, Mrs. Maurice,	•	,
Duncan, T. C. (Honorary).	Chicago, Ill., 100 State Street,	1881
	E	
Edgar, S. F.,	Zanesville,	1874
Eggleston, E. R.,	Mt. Vernon,	1877
Ehrmann, George B.,	Cincinnati, 30 East Seventh Street,	1898
Elliott, A. E.,	Lodi,	1900
Ellis, C. D. (resigned),	Cleveland, 433 Pearl Street,	1890
Ellis, J. T.,	Waynesville,	1885
231117, 0. 1.,	•	2000
	F	
Fahnestock, J. C. (resigned),	Piqua, 510 North Main Street,	1882
Fuwcett, J. M.,	Wheeling, W. Va., cor. Market and 7th Streets	
Ferris, Charles,	College Hill,	1896
Ferris, Jacob,	College Hill,	1889
Fletcher, Sara E.,	Columbus, 538 East State Street,	1897
Forward, C. B.,	Cleveland, Williamson Building,	1895
Fowler, E.,	Cleveland, 1439 Broadway,	1868
Frost, W. A.,	Tecumseh, Mich.,	1881
	G	
Gann, J. A.,	Wooster,	1877
Geiser, S. R.,	Cincinnati, 1511 Baymiller Street,	1880-
Geoliegan, Wm. A.,	Cincinnati, 918 Hawthorne Avenue, Price Hil	
Gill, Luther T.,	Gibsonburg,	1896
Gillard, Edwin,	Sandusky, 423 Columbus Avenue,	1875
Gillard, E. E.,	Sandusky, 423 Columbus Avenue,	1898
Ginn, Curtiss,	Dayton,	1899
Glendinning, W. B.,	Cleveland, 275 Prospect Street,	1899
	Toledo, 229 Superior Street,	1872
Goodwin, E. M.,		1881
Grant, George D.,	Springfield,	1882
Graybill, J. D. (Honorary),	Donus	1895
Gregory, W. M.,	Berea,	1885
Griggs, O. P.,	Ashtabula, 207 Main Street,	•
Guy. H. J.,	Dayton, 26 Huston Avenue,	1898

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NAMES.	LOCATION.	ADMITTED.
Hall, Charles A.,	Cleveland, 176 Euclid Avenue,	1895
Hall, Edward M.,	Delaware, 18 West Winter Street,	1873
Harding, G. T.,	Marion,	1899
Harvey, J. H.,	Toledo, 735 The Spitzer,	18944
Hastings, W. C.,	Van Wert, 11 South Washington Street,	1887
Hatch, H. S.,	Madison, Ind.,	1892
Hawkins, H. R.,	Xenia,	1899
Hayden, A. S.,	Salem,	1884
Hershberger, J. P.,	Lancaster,	1887
Hills, H. B.,	Youngstown, 31 West Wood Street,	1889
Hinsdale, W. B.,	Ann Arbor, Mich.,	1890
Hodson, George S.,	Washington Court House,	1898
Horner, J. Richey,	Cleveland, 607 The Osborn,	1898
House, Charles E.,	Canton,	1897 —
House, R. B.,	Springfield, 108 East High Street,	1881
Houston, H. C.,	Urbana,	1882
Howard, Elmira Y.,	Palmyra, Mo.,	1871
Hoyt, C.,	Chillicothe, 39 South Paint Street,	1882
Hoyt, Wm.,	Hillsboro, East Palestine,	1871
Hughes, C. W.,	Cincinnati, 608 West Eighth Street.	1897
Hunt, Ella Grace,	Kingston,	1899
Hunt, H. E., Hunt, J. S.,	Santa Monica. Cal.,	1900- 1896
Hunt, M. P.,	Columbus, 206 East State Street,	1881
Hurlburt, J. W.,	Uniopolis,	1899
Hullburt, J. W.,	o moporm,	1033
	1	
Ireland, Charles L.,	Columbus,	1900
	J	
Jewitt, E. H.,	Cleveland, 484 The Arcade,	1887
Johnson, J. Howard,	Wauseon,	1899
Johnson, R. B.,	Riverside, Cal.,	1869
Jones, G. J.,	Cleveland, 5 Rockwell Street,	1873
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	D3 II:11	
Kersey, J. B.,	Bond Hill, College Hill,	1892
Kilgore, P. T.,		1892
King, John C.,	Banning, Cal., Columbus, 134 East State Street,	. 1883
Kinsell, D. R., Kirk, Ellen M.,	Cincinnati, 169 West Seventh Street,	1864
Kraft, Frank,	Cleveland, 57 Bell Avenue,	1880
Kurt, Katherine,	Akron, 113 South Broadway,	1895
Kurt, Katherine,	Akton, Horoden Bloadway,	1090
	L '	
Laronge, L.,	Cleveland, 197 Superior Street,	1894
Lehman, F. P.,	Sandusky,	1900
Littell, H. F.,	Dayton,	1899
Logee, H. M.,	•	1877
Loomis, F. R.,	Jefferson,	1886
Lunger, J. S.,	Prospect,	1894 —

Quay, George H.,

M

NAMES.	LOCATION. ADM	ITTED.
McBride, M. G.,	Ravenna,	1897
McCann, T. A.,	Dayton,	1896
McClure, W. B.,	Martin's Ferry,	1896
McCormick, A. L.,	Cincinnati, 3110 Woodburn Ave., Walnut Hills,	1885
McDermott, G. C.,	Cincinnati, Odd Fellows' Temple,	1880
McTaggart, D. C	Bryan,	1894
Marvin, J. J.,	Cincinnati, 708 East Pearl Street,	1878
Mason, A. E.,	Uhrichsville,	1897
Maxwell, L. K.,	Toledo, 1615 Twenty-Second Street,	1891
Mead, J. S.,	Lorain,	1900
Meade, C. C.,	Cincinnati, S. W. Cor. Chase and Langland Streets,	
	Cincinuati, 417 Everett Street,	1889
Meade, S. J. D.,	Cincinnati, 100 West Seventh Street,	1895
Meader, Lee Douglas,	Troy,	1886
Means, J. W.,	Springfield, 113 East High Street,	1895
Miller, H. T.,		
Miller, John M.,	Springfield, 113 East High Street,	1882
Miller, Wm. T.,	Cleveland, 122 Euclid Avenue,	1879
Mitchell, J. A.,	Newark,	1898
Mohn, D. L,	Ashland,	1896
Monroe, A. L. (Honorary),	Louisville, Ky.,	1889
Monroe, F. B.,	Toledo, 418 Cue Street,	1899
Morley, F. W.,	Sandusky,	1890
Munns, C. O.,	Oxford,	1885
Murdoch, Wm.,	Akron,	1877
Murphy, Frank W.,	Dayton,	1899
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Nelles, A. B.,	Columbus, 198 East State Street,	1896
Norris, J. C.,	,	1886
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Olmstead, C. C. (Honorary),	Kansas City, Mo.,	1864
Outland, W. H.,	Bellefontaine,	1882
Overpeck, J. W.,	Hamilton, cor. Third and Dayton Streets,	1892
	Р .	
Painter, Charles D.,	Alliance,	1900
Palmer, I. N.,	Newark,	1892
Palmer, O. A.,	Warren,	1888
Pardee, Mark,	Franklin,	1898
Parsons, Kate,	Cleveland, 914 Prospect Street,	1897
	Cincinnati, Odd Fellows' Temple,	1888
Pauly, C. A.,	Nebraska.	1895
Peters, Wilson L.,	Cincinnati, 1104 McMillan Street, Walnut Hills,	1892
Phillips, Lincoln,	Cleveland, 89 Euclid Avenue,	1879
Phillips, W. A.,		
Pomeroy, H.,	Cleveland, 116 Ingleside Avenue,	1884
Porter, Phil.,	E. Detroit, Mich., 38 Adams Avenue,	1888
Pratt, E. H. (Honorary),	Chicago, Ill., Central Music Hall,	1889
Pulford, William Henry,	Delaware,	1896
	Q	

Cleveland, Suite 818 Rose Bldg., Erie and Prospect,

1885-

1865

R LOCATION. NAMES. ADMITTED. Reddish, A. W., Sidney, 1883 Cincinnáti, 20 West Seventh Street, Reed, R. G., 1892 V Rees, Owen C., Toledo, 314 Erie Street, 1892 Rhonehouse, G. W., Maumee, 1886 Roseville, Rhinehart, Thomas E., 1898 Ring, Charles F., 1885 Roasberry, W. H., Olivesburg, 1900 Cleveland, 2238 Euclid Avenue, Robinson, Emily, 1892 Toledo, 913 Huron Street, Roll, A. C., . 1892 Roper, P. B., Cleveland, Pythian Temple, 1895 Rorich, F. H., 1886 Covington, 1889じ Rosenberger, A. S., Ruhl, H. C., Leipsic. 1896 Rust, Carl, Wellington, 1895 Cleveland, 29 Euclid Avenue, Rust, E. G., 1887 S Los Angeles, Cal., 1877 Salisbury, S. S., Cleveland, 608 Prospect Street, Sanders, J. C., 1864 Sanders, J. Kent. Cleveland, 106 Euclid Avenue, 1884 Sawyer, C. E., Marion, 265 and 267 South Main Street, 1883 Scheble M. M., Ashley, 1895 -Scheib, J. Phil., 1892 Schimansky, C. A., Sandusky, 1900 Cleveland, 484 and 485 The Arcade, Schneider, Adolph B., 1895~ Columbus, 49 East Main Street, Schulze, C. A., 1898 Sherwood, H. A., Warren, 1877 Siegfried, J. P., Ashtabula, 1900 Sigrist, C. W., Columbus, 308 Collins Avenue, 1896 V New Philadelphia, 132 East High Street, Sigrist, P. H., 1895 v Silbernagel, C. E., Columbus, 659 North High Street, 1898 Chestertown, Md., Simmons, H. B., 1895 Smith, Arthur B., Springfield, 1899 L Smith, Francis A., Zanesville, 1896 € Smith, Helen M. K., Delaware, 1900 Snow, Henry, Norwood, Cincinnati, 1892 Spencer, G. W., Cleveland, 176 Euclid Avenue, 1897 Coshocton, Stacy, Sumner A., 1896 Toledo, 3263 Monroe Street, 1896 Stafford, F. A., Stephens, J. A., Cleveland, 122 Euclid Avenue, 1884 Cincinnati, 704 Elm Street, Stewart, Thomas M., 1888 North Baltimore, Stoner, J. W., 1891 Sutphin, J. T., Middletown. 1871 Thomas, W. B., Cleveland, 1467 Wilson Avenue, 1895 Trego, W. E., Delaware. 1894 Cleveland, 176 Euclid Avenue, True, C. C., 1885 Cleveland, 176 Euclid Avenue, Turrill, George E., 1894 Madison, Wis., Vance, J. W., 1878 Van Norman, E. V., Los Angeles, Cal., 545 South Broadway. 1871

Cleveland, 289 Pearl Street,

Van Norman, H. B.,

W

NAMES.	LOCATION.	ADMITTED.
Waite, Kent B.,	Cleveland, 610-612 The Rose Building,	1890
Walter, Z. D.,	Pueblo, Colo., 107 West Seventh Street,	1872
Walton, C. E.,	Cincinnati, cor. Seventh and John Streets,	1880-
Webster, Frank,	Dayton,	1895
Webster, William Herr,	Dayton,	1895
Welch, C. E.,	Nelsonville,	1898
Welliver, J. E.,	Dayton, 111 North Jefferson Street,	1899
Wells, W. E. (Resigned),	Cleveland, 451 Pearl Street,	1890
Whipple, C. H.,	Barberton,	1897
White, F. R. Smith,	Cardington,	1892
Whitehead, J. H.,	Bowling Green,	1877
Wiggers, H. H.,	Cincinnati, 529 Everett Street,	1892
Wilder, Guert E.,	Sandusky, 415 Columbus Avenue,	1895
Wilson, J. H.,	Bellefontaine,	1867
Wilson, T. P. (Honorary)	Cleveland-74 Forest Ave., E. Detroit, Mich.,	1864
Williams, J. W.,	Weston,	1886
Wine, J. Wilford,	Chicago, Ill , 298 Webster Avenue,	1896
Winship, Annette T.,	Cleveland, 525 Prospect Street,	1895
Wollam, J. F.,	Jerry City,	1896
Wood, G. W.,	Wilmington,	1898
Wood, James C.,	Cleveland, 818 Rose Building,	1894
Woods, G. W.,	Columbus, 656 West Broad Street,	1898
Wyland, Frederic,	Columbus, 818 North High Street,	1896
	Υ	
Young, H. G.,	Pioneer,	1898
	Z	

MEMBERS RESIGNED.

Toledo, 431 Nebraska Avenue,

Bradley, B. A.,
Cushing, C. F.,
Derby, Frances J.,
Goodman, Julia M.,
Hanlin, W. A.,
Hitchcock, Lena E.,

Zbinden, Christian,

Howells, Martha M., Ireland, G. M., Lemmon, Mary F., Linkmyer, M. Belle, Martin, T. C., Morrill, E. C.,

Schell, F. H.,
Somers, Frank W.,
Strong, C. H.,
Thorp, Abner,
Thorpe, S. L.,
White, C. C.
Younghusband, L.,

1894

Memorial Record

IN HONOR OF

DECEASED MEMBERS.

1864.	Вескитн, Е. С.	1864.	LODGE, E. A.
1897.	Biggar, G. G.	1897.	LUDLAM, R.
1864.	BLAIR, A. O.	1867.	LUNGREN, S. S.
1871.	Brown, B. P.	1870.	McMahon, W. R.
1884.	CLARK, F. M	1892.	Monroe, H. I.
1883.	CLEVELAND, C. L.	1872.	Moore, G. W.
1867.	Coburn, S. H.	18 6 8.	Morrill, C. F.
1864.	CROPPER, CHAS.	1864.	OESTERLIN, CHAS.
1870.	Dake, J. P.	1864.	Owens, J. B.
1880.	EATON, M. M.	1871.	Owens, Wm.
1871.	Ehrman, Benj.	1885.	Owens, Wm. Jr.
1864.	FLOWERS, F. L.	1870.	Pulte, J. H.
1880.	Flowers, J. R.	1879.	RING, HAMILTON.
1872.	GAYLORD, E. P.	1872.	Rowsey, W. T.
1885.	GAYLORD WILLIAM.	1868.	Rush, R. B.
1885.	GOUCHER, E. T.	1865.	SCHNEIDER, M.
1871.	HAINES, J. W.	1864.	SHEPHERD, A. F.
1882.	HALE, T. T.	1864.	SMITH, G. W.
1890.	HALL, S. L.	1883.	STEINGRAVER, F. C.
1882.	Harris, J. D.	1885.	TAYLOR, F. P.
1886.	HART, F. O.	1864.	WEBSTER, WM.
187τ.	Hunt, W. H.	1886.	WELLS, T. E.
1891.	JACKSON, W. S.	1896.	WILLIAMSON, W. P.
1892.	Јимр, Ј С.	1874.	WRIGHT, N. E.
1884.	King, Julius	1897.	YARNELL, E. A.

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